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A HISTORY OF THE CONCEPT OF CREATIVITY IN
WESTERN NURSING: A CULTURAL FEMINIST PERSPECTIVE

by

Karen K. Fritz, RN, BA, MS

A dissertation presented to the
FACULTY OF THE PHILIP Y. HAHN SCHOOL OF NURSING
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requirements for the degree
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ABSTRACT

Using historical methodology, this study examined the concept of creativity in Western nursing from a cultural feminist perspective. An exploration of the concept was accomplished by means of a review emanating from the English literature of Western nursing and its allied disciplines of education and psychology. Two distinct views of creativity were delineated--the classical and the contemporary. The classical understanding required the completion of a major product or attainment in order for creativity to be ascribed. In contrast, the contemporary view was that of a novel, unrestrained thought process. It required no creative work or attainment for its ascription.

The creative lives of select Western nurses, e.g., Florence Nightingale, Lillian Wald, Margaret Sanger, and Sister Elizabeth Kenny were also examined. It was revealed that they achieved major attainments worthy of the classical ascription of creativity. The compatibility of these nurses' personal philosophies with that of cultural feminism was demonstrated.

Cultural feminism emphasized the differences between men and women. Women were purported to be more cooperative, altruistic, and life affirming than men. The male dominated political arena was viewed as fragmented, corrupt, and inadequate. Therefore, this second feminist tradition challenged women to initiate social reform by achieving major attainments in the public sphere. Cultural feminist philosophy harmonized with the classical theory of creativity.

This research indicated that the convergence of complex social, economic, and political forces during the nineteenth and twentieth centuries led to nursing's current definition of creativity as a thought process. The ways in which nursing's contemporary view of creativity had impacted its educational objectives and method, influenced the aspirations of its practitioners, and determined nurses' perception of their work was also explained. Nursing was encouraged to consider which definition of creativity would best meet the needs of the profession in the twenty-first century.

This study has implications for both nursing practice and education. It suggests that their contemporary theory of creativity actually impedes the production of creative

work. It indicates that both the classical view of creativity and the philosophy of cultural feminism have much to offer members of a profession composed mostly of women.

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DEDICATION

To IRVIN E. AND DOROTHY G.H. FRITZ--mavericks in their own time and place--for promoting autonomy, encouraging education, accepting diversity and challenge, exemplifying commitment to strong personal values, and because you are my parents.

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I would be remiss if I did not thank my good friend and colleague, Mary Doris Ferguson, for her faith in my potential as a researcher and writer. It was during the years that we shared an office at the Children's Hospital of the King's Daughters in Norfolk, Virginia that I was first motivated to pursue graduate studies.

The author, William Gibson, has observed that in every lucky life, there is one teacher who places her finger upon our soul. For me, that person was Dr. Elaine Mansfield, my friend and advisor during my years as a student at the University of Minnesota in Minneapolis. Thank you Elaine, for your devotion to those of us who were fortunate enough to be in your classes. You are one of the most congruent, empathetic, and perceptive persons I have every had the privilege to know.

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endeavor to complete this manuscript before the end of the twentieth century.

To all my benefactors, words fail to convey the credit you so richly deserve. Each of you has given new meaning to the lines of William Butler Yeats:

Think where [wo]man's glory most begins and ends,
And say my glory was I had such friends.

TABLE OF CONTENTS

APPROVAL PAGE.....	
ABSTRACT.....	
ACKNOWLEDGEMENTS.....	
LIST OF ABBREVIATIONS.....	
Chapter	
1. INTRODUCTION.....	1
The Problem	
The Purpose of The Study	
The Significance of the Study	
The Methodology	
Limitations of the Study	
Clarification of Terms	
Endnotes	
2. CREATION MYTHS, FOLK TALES, AND FAIRY TALES.....	33
Creation Myths	
Creativity and the Original	
Folktales	
Fairy Tales	
Chapter Summary and Conclusions	
Endnotes	

3.	THE CONCEPT OF CREATIVITY.....	68
	Creativity and Myth	
	Creativity: The Classical View	
	The Concept of Creativity in the Twentieth Century	
	Creativity: The Contemporary View	
	Summary and Conclusions	
	Endnotes	
4.	A CRITIQUE OF THE CONTEMPORARY VIEW.....	109
	Originality and Novelty	
	Value	
	Habits Versus Expertise	
	Summary and Conclusions	
	Endnotes	
5.	CREATIVITY, NURSING, AND NURSING EDUCATION.....	141
	Creativity and Education	
	Creativity and Nursing	
	Summary and Conclusions	
	Endnotes	
6.	FOUR NURSES: THEIR CREATIVE ATTAINMENTS.....	205
	Florence Nightingale	
	Lillian Wald	

	Margaret Sanger	
	Sister Elizabeth Kenny	
	Summary and Conclusions	
	Endnotes	
7.	CREATIVITY, NURSING AND MEDICINE.....	266
	The Nurse-Physician Relationship	
	The Nurse Practitioner	
	Summary and Conclusions	
	Endnotes	
8.	CREATIVITY, NURSING AND FEMINISM.....	314
	Liberal Feminism	
	Cultural Feminism	
	Nurses and Cultural Feminism	
	Creativity and Cultural Feminism	
	The Health Care System and Patriarchy	
	Reinventing Nursing	
	Summary and Conclusions	
	Endnotes	
	BIBLIOGRAPHY.....	416

LIST OF ABBREVIATIONS

English Abbreviations

AACN	American Association of Colleges of Nursing
ACT	American College Test
AIDS	Acquired Immune Deficiency Syndrome
AMA	American Medical Association
ANA	American Nurses' Association
AORN	American Operating Room Nurse (Journal)
AUAM	American Union Against Militarism
Chap.	Chapter
C.H.C.	Center for Human Caring
CPI	California Psychological Inventory
DHEW	Department of Health, Education, and Welfare
DOD	Department of Defense
Ed.	Editor
edn.	edition
fl.	following
Gen.	Genesis
Jon.	Jonah
JONA	Journal of Nursing Administration
MMPI	Minnesota Multiphasic Personality Inventory
n.	note
NAACP	National Association for the Advancement of Colored People
NIH	National Institute of Health
NLN	National League for Nursing
N.P.	Nurse Practitioner
p.	page
P.N.P.	Pediatric Nurse Practitioner
R.N.	Registered Nurse
SAT	Scholastic Achievement Test
TAT	Thematic Apperception Test
TJB	The Jerusalem Bible
trans.	translator
TT	Therapeutic Touch
vol.	volume
vols.	volumes

Latin Derivatives

e.g.	(exempli gratia) for example
et. al.	(et alii) and others
etc.	(et cetera) and so forth
ibid.	(ibidem) the same
i.e.	(id. est.) that is
[sic]	so, thus
s.v.	(sub verbo, sub voce) under the word

CHAPTER I

INTRODUCTION

Creativity has become a popular buzzword in modern nursing.¹ Nurses have been urged by their professional leaders to be creative thinkers, writers, theorists, and practitioners. Creativity was not always recognized as a goal of nursing education and practice. Jo Ann Ashley, a nurse historian, acknowledged this fact in 1978 when she argued:

It is time... for educational programs to make creativity their main objective in teaching, practice and research. The foundation of scholarship in the art and science of nursing must be creativity.²

Almost simultaneous with Ashley, Simms and Lindberg,³ Steele and Maravigla,⁴ and Dagenais and Meleis⁵ identified creativity as a characteristic and major value of the professional nurse. Although the nursing journals are rife with references to creativity, a comprehensive examination of the concept has never been conducted.⁶ Yet, even my first perusal of the literature indicated that the history

of the concept of creativity was one of ideological conflict.

The Problem

Classical Versus Contemporary Views

Prior to the middle of the twentieth century, society, including members of the professions, associated creativity with the word creation. Creative persons were believed to be divinely inspired or to possess uncommon genius.⁷ The classical definition of creativity required the making of a valued product or the completion of a major attainment in order for creativity to be ascribed.⁸

Since 1950, the literature has dealt with the concept of creativity in a new way. In that year, J.P. Guilford provided the impetus for an avalanche of new research on the subject of creativity. In an address to the American Psychological Association, he pointed out that there was an astonishing dearth of knowledge about creativity in the field of psychology.⁹ Guilford's own interest was in the nature of the thinking process involved in the act of creation. He identified the factors of originality, fluency, flexibility, elaboration, and evaluation as important in creative performance.¹⁰ Later, he discussed

the divergent production factor that he believed was the most important indicator of creativity. Divergent production was defined operationally as the capacity to generate multiple, alternate answers to questions and to deviate from the convergent or single mode of problem solving.¹¹

The contemporary view of creativity has encompassed several theories. While they did not always agree as to the significance of cognitive factors versus personality traits, nor to the extent to which creativity could be measured, they did share a number of common features. The generation of novelty was emphasized as a major characteristic. The creative process became a synonym for creativity and was defined as a spontaneous thought process which differed from ordinary thinking because it was free and unrestrained. In some instances creative ideas were believed to result from unconscious thought. The rules, skills, and knowledge of recognized disciplines were often interpreted as a hinderance to the creative process. Little attention was given to the value of the product because it was believed that the value could not be objectively determined. Since one product was thought to be as meritorious as another, the

creation of the product was no longer central to the definition of creativity.¹²

The existence of two definitions of creativity in the literature piqued my curiosity. Further research indicated that nurse authors frequently followed the lead of psychologists and educators¹³ and defined creativity as a thought process.¹⁴ Nurses commenced to attribute creativity to persons as a means of commendation without considering that the term had to do with actual creating.¹⁵ They appeared unconcerned that creativity understood as a process had lost its connection with its origins. Even so, the classical definition which required achievements of distinction and completion of high quality products continued to have its proponents.¹⁶

One devotee of the contemporary view of creativity was Daniel Pesut, a nurse, administrator, educator, and author. He was convinced that in order to be creative, nurses needed to enter an "altered state of awareness".¹⁷ Pesut wrote that there were two phases to this "creative thinking trance state," and went on to describe them:

The first aspect involves consciously placing yourself in an inner reflective trance. While in this trance you have the ability to attend to associations, thoughts, and images that come to

mind. The second aspect to a creative thinking trance is the ability to oscillate the focus of your attention and translate what you see, hear, and feel internally to an external reality.¹⁸

Pesut was as vague in explaining how one could enter the creative state as he was in defining it. He suggested that nurses could obtain helpful hints by reviewing the biographies of creative men, e.g., René Descartes, Ben Johnson, Rudyard Kipling, and Émile Zola. Pesut believed that each of them, as well as other masters, had his own way of entering and self regulating his creative trance state.¹⁹

After reading a few biographies of the men listed above, I was not convinced that their creative work could be attributed to altered states of awareness or unique thought processes.²⁰ I also questioned the wisdom of reading only biographies of creative men in order to understand the concept of creativity.

As a nurse historian, I was aware that a number of women had also earned public acclaim for major creative attainments. Therefore, I began an intense study of the lives of four of Western nursing's most creative practitioners, e.g., Florence Nightingale, Lillian Wald, Margaret Sanger, and Sister Elizabeth Kenny. The creative

achievements of these nurses were not limited to, but included: 1) the founding of modern nursing; 2) the introduction of preventative health care; 3) the securing of public access to birth control information in the United States; and 4) the creation of the new discipline of rehabilitation.²¹

It was evident that members of the nursing profession and the greater public judged these nurses' achievements to be of major value.²² In other words, they exemplified the type of attainments deemed worthy by classical theorists for the ascription of creativity.

There was no evidence that the ideas of Nightingale, Wald, Sanger, and Kenny resulted from any process of unconscious thought or that they entered into trance states in order to be creative. Neither did the rules, skills, or knowledge of recognized disciplines appear to be a hindrance to them. In fact, these nurses spent many years preparing themselves for their work, sometimes engaging in private study with a mentor.²³

What each altruistic nurse had in common was the conviction that she had a special pursuit or "calling" to engage in social reform. Each believed that her mission was

one that she, as a woman and nurse, was singularly suited to undertake. Nightingale, Wald, Sanger, and Kenny held philosophies which have been described as being congruent with that of cultural feminism.²⁴ A central tenet of this branch of feminism is the belief that women have unique life experiences which lead them to develop strengths of personality, as well as, skills and abilities which are separate from those of men. Women's culture is viewed as harmonious, intuitive, moral, and pacific. These qualities are understood to be a source of societal strength which should be recognized in both the public and private sectors of society.²⁵

Cultural Feminism

Cultural feminism was first introduced to the American public in 1848 with the publication of Margaret Fuller's book, Women in the Nineteenth Century.²⁶ This school of feminism was referred to as the "Second Tradition" of feminist philosophy. It has sometimes been confused with the "First Tradition" (liberal feminism) which began at least a century earlier.²⁷ However, there was a significant difference between the two traditions. Liberal feminists purported that men and women were equal and they anticipated

the establishment of sexual parity in the existing social structure.²⁸ Cultural feminism was based on the belief that men and women were different from each other and had distinct thought processes, presumptions, and priorities. As a result of their differences from men, women were thought to be life giving and affirming, as well as altruistic and cooperative. Cultural feminists believed that women possessed intuitive faculties which gave them a holistic comprehension of the world and enabled them to bring about the harmonious resolution of conflict.²⁹

Proponents of cultural feminism stated that it was imperative for women's perspective to be given a voice in the public sphere where it could serve to counterbalance men's more narrow, segmented point of view. They felt that feminine influence had the potential to mitigate aggressive, masculine hegemony. The goal of cultural feminists was to create an androgenous culture by synthesizing feminine and masculine attributes to form "an organic, harmonic whole".³⁰

The early cultural feminists placed a high priority on social reform. Many of America's premier progressives and pacifists have been numbered among them. They included Jane Addams, Emily Greene Belch, Sophonisba Breckinridge,

Crystal Eastman, and Florence Kelly. In their time, they were referred to as "social housekeepers" because of their social activism.³¹ In addition to Margaret Sanger and Lillian Wald, other American nurses who engaged in the work of social reform during the Progressive Era included Sanger's sister, Ethel Higgins Byrne, and Emma Goldman.³²

Historically, nurses who empathized with cultural feminist philosophy aspired to a goal they considered to be superior to that of sexual equality. Their objective was to use their nursing knowledge and skills, combined with feminine modes of thinking and acting to transform masculine oriented, deleterious behavior.³³ The nurses were willing to expand vast amounts of their time and energy to achieve major attainments for the betterment of society. The nursing profession, as well as a majority of the American populace, placed a high value on their accomplishments.³⁴ Although the nurses were innovative, it was not the novelty, but the merit of their work for which the classical ascription of creativity was ultimately bestowed.

Cultural feminists were not satisfied to merely think of ways to transform society. They established new institutions and achieved major attainments in order to

implement their vision of a better world. Their philosophy was congruent with that of classical creativity theorists who required the actual creation of products of value or major attainments as proof of creativity.

In spite of their spectacular success in the public sphere, a review of the nursing literature confirmed that by the middle of the twentieth century, nurses had lost their enthusiasm for social reform issues.³⁵ Although originally they had been allied with the cultural feminists, nurses abandoned feminism to align themselves with patriarchal medicine instead. At about the same time, nurses began to uncritically adopt the contemporary view of creativity held by men in the fields of psychology and education. As a result, a number of courses and curricula which claimed to foster creativity as a process were implemented in schools of nursing. These programs stressed the importance of divergent thinking and imagination rather than the creation of valued products or the completion of major attainments in the public sphere.³⁶

The story behind the change in nurses' perception of the concept of creativity has never been told. Many members of the profession have remained oblivious to the fact that

there was more than one definition of the term. This ignorance is particularly regrettable in light of the fact that creativity has been identified as a "key value and attribute of the professional nurse".³⁷ Jo Ann Ashley wrote:

The foundation for scholarship in nursing should be creativity, and this creativity should itself be founded in a reexamination of our history, an examination that will take us in our thinking well beyond the boundaries and limitations we have lived with in the past.³⁸

Nursing History

History is the record of human thought and beliefs, as well as deeds. These ideas and acts do not occur in a vacuum, but are influenced by the intellectual concepts shaping the broader society.³⁹ In the past, nurses have viewed their own history through rose tinted glasses. They have been reluctant to criticize or deal with controversial issues. It is lamentable that much of nursing's historical research still culminates in the reporting of mere descriptive data.⁴⁰ A reviewer whose discipline is history made the following comment about the recent work of nurse historiographers:

The writers seem to be unaware of current social history and one of the most flourishing branches, the history of women. They move cautiously,

reluctant to take critical attitudes or deal with controversy or nursing politics even in the past.⁴¹

In order to understand nurse historians' reluctance to deal with the reality of nursing's history, it is necessary to remember that nursing is a profession composed primarily of women. Ashley recognized that women's own history was filled with prejudice inflicted upon her by men. She wrote that the mental reconstruction of nursing history might be quite painful for the female nurse historian who undertook to construct the past by actively imagining what it was like for members of her profession.⁴²

Nurses are not alone in their failure to be candid about their history. Carolyn Heilbrun has documented with great persuasiveness how for centuries women writers have suppressed the truth about their lives, in order to make their stories conform to the stipulations of a patriarchal culture. Heilbrun identified fear of ridicule as the reason women were afraid to be honest about their life stories.⁴³ A distaste for derision may also prevent nurse historiographers from taking critical attitudes when examining the lives of the professions' leaders, as well as, some of nursing's philosophies and theories which emerge from patriarchal thought.

Nursing has been portrayed as having benefited from "multiple avenues of development" made possible by Western culture and by America's social legacy of diversity and opportunity.⁴⁴ At the same time, nurses have often suspected that they were badly used by medicine, hospitals, and administrators.⁴⁵ In truth, the nursing experience cannot be understood without an appreciation of an impulse toward "defeminization" that lies at the heart of Western scientific and technological enterprise.⁴⁶ This impetus resulted in an attempt to wrest from women and nurses their part in creativity and production.

The Purpose of the Study

This research examined the history of the concept of creativity in Western nursing from a cultural feminist perspective. The purpose of the study was to: 1) investigate the differences between the classical and contemporary views of creativity; 2) reveal how select nurses, e.g., Florence Nightingale, Lillian Wald, Margaret Sanger, and Sister Elizabeth Kenny achieved major attainments worthy of the classical ascription of creativity; 3) explain how complex social, economic, and political forces converged to shape nursing's current

interpretation of creativity; and 4) describe how nursing's contemporary view of creativity has impacted its educational objectives and methods, influenced the aspirations of its practitioners, and determined the way nurses have perceived their work.

Significance of the Study

Two different views of the concept of creativity exist in Western thought. Information regarding them can be found in various sources. These include the literature of nursing, education, and psychology, research reports, government documents, and the records of the National League for Nursing (NLN). However, because of the diversity of these sources, nurses interested in tracing their profession's gradual acceptance of the contemporary theory of creativity have not been able to easily integrate the material. This research will provide an accessible, comprehensive history of the concept of creativity in Western nursing.

A number of nursing's renowned practitioners have achieved creative attainments which rival those of the West's most innovative men. Although several creative nurses have been cultural feminists [Lillian Wald and

Margaret Sanger] or espoused values and beliefs that were compatible with those of cultural feminism [Florence Nightingale and Sister Elizabeth Kenny], this fact has been largely unexplored by members of the nursing profession. The lives of each of these creative women will be briefly examined to ascertain what accounted for their creative attainments. This exploration will illuminate a part of Western nursing's heritage that has been obscured.

Traditionally a woman's discipline, nursing has much to gain from an understanding of the cultural feminist perspective. Cultural feminism can provide a framework from which to examine and better comprehend nursing's past creative attainments. Because all of Western nurses' work has been necessarily carried out within patriarchal society, it has often been rendered invisible--eclipsed by that of the medical profession.

Over the years, nursing became involved in a symbiotic relationship with medicine. As a result, much of nurses' work has been viewed as being supportive of physicians' objective of curing disease. However, while doctors have been disease oriented, nursing's main objective has been the promotion of health and the prevention of

disease. This philosophical disparity is not well understood by the populace. Although the public appreciates the care that nurses provide, the full extent of their capabilities remain unrecognized. At the same time, patients and their families are clamoring for reform of the health care industry.

As the twenty-first century approaches, our system of health care is facing the prospect of a total renovation. It would be wise for nurses to grasp this opportunity to achieve their own objectives. The promotion of health is a gigantic undertaking and will require creative work on the part of many nurses.

At the present time, nursing ascribes to the contemporary theory of creativity which promotes the development of specific personality traits and novel ideas. Based on this theory, courses designed to foster creativity in nurses seek to encourage innovative thinking. The actual creation of products is not required for the ascription of creativity. However, in the future, nursing will need practitioners who are able to create quality products and attain significant achievements in the public sphere.

Nurses are already moving out of hospitals (physicians' workshops) to care for patients in their homes and in nurse operated clinics. As a result, nurses are being challenged to achieve new goals and design new products. Future health care reform will cause this trend to continue and nurses will experience increased scrutiny from the "public eye".

It is possible that nursing's present theory of creativity is actually misleading, if not detrimental, to nurses' creative achievements. If nurses are not lucid about what they mean by "creativity", they could end up immolating rather than nurturing it. Time spent in a "trance" might actually hinder the production of creative work. In the past, innovative nurses, e.g., Nightingale, Wald, Sanger, and Kenny were not exposed to theories of creativity as a novel thought process. Instead of attempting to enter a creative trace state, they spent their energy acquiring the knowledge and skills necessary for the production of their creative work. Today, nurses who aspire to creative achievement in the public sphere must still acquire the requisite knowledge and skills. Nursing needs a theory of creativity that acknowledges this reality and is

compatible with its aspirations for the future. This study will provide nurses with the information they need to make an enlightened choice.

The Methodology

The research approach that was used for this investigation was the historical method. This mode was past oriented and sought to illuminate a current topic by an intensive examination of the data which already existed. The three steps of historical research methodology were followed. They included: 1) the gathering of all available data on events, developments, and experiences of the past which pertained to the topic; 2) critical examination of the data; and 3) synthesis of the data.

Sources of the Data

An exploration of the concept of creativity was accomplished by means of a review emanating from the English literature of Western nursing and its allied disciplines of education and psychology. A search was conducted for articles and books dealing with the topic of creativity in nursing between 1850 and 1994. In addition, belles-lettres dating from the classical era and select European folktales were examined for the purpose of obtaining early definitions

of the concept of creativity. The quest was conducted both manually and by computer.

Limitations of the Study

As a historiographer, I lacked control over the quantity of the data available to me. A second limitation was the possibility that the sample data did not represent all of the original. More data may have once existed than survived to the present time. This study draws more upon the work of other scholars than upon primary sources, for sound academic reasons. Primary materials can be correctly interpreted only through full appreciation of their context. Daunted by the prospect of adequately mastering two thousand years of history, I leaned upon the authority of scholars who mastered the German, French, and Greek languages and the classical period of Greek history.

It is also acknowledged that the data was interpreted from a cultural feminist perspective. However, historical researchers are entitled to a point of view. In fact, it would be difficult to imagine how sound historical research could be conducted by someone who did not have a perspective and a deep interest in the field.⁴⁷ It is my belief that the contemporary definition of creativity derives from a

masculine view of reality and suffers from a one sided bias. Therefore, this research was conducted to illuminate a different view of creativity in Western nursing. Until it is recognized that men's viewpoint and impressions have not represented all of human experience and thought, it will be impossible for either woman or man to define correctly in the abstract or to describe reality accurately.⁴⁸

Clarification of Terms

Classical View of Creativity--The creation of a product of value or a major attainment that takes place against the background of dynamic and evolving traditions of knowledge and inquiry. It involves rule following, as well as rule breaking, and an understanding of when to do each. It employs rational processes of thought, which involve judgment, criticism, and the possibility of evolution.⁴⁹

Contemporary View of Creativity--The distinctive, creative, irrational process of thought which is different from ordinary, logical thinking and which is characterized by the generation of novelty, by leaps of imagination and by rule breaking. It does not require the

creation of a product of value nor a major attainment for it's ascription.⁵⁰

Creative Person--In the contemporary view, one who possesses the cognitive and personality traits such as fluency, flexibility, and non-conformity which facilitate creative thinking. One need not create a product of value nor achieve a major attainment in order to be a creative person.⁵¹

Creative Process--A mode of thinking, different from ordinary, logical thinking. It is referred to as lateral thinking and is strictly generative, producing new ideas without evaluating them and is characterized by suspension of judgment. The process is considered to be unconscious and not strictly rational.⁵²

Cultural Feminism--The belief that feminine qualities are a source of societal strength which must be recognized in public as well as the private sectors of society. A central, cultural feminist idea is that woman's intuitive faculties lead naturally to a holistic vision of the world, encompassing a reconciliation

and binding together of elements thought to be disparate.⁵³

Defeminization--The purposeful exclusion of women from the clergy, the professions, and the fields of science and technology. This was accomplished by denying women admission to schools and universities. Those women who were educated were denied admission to scientific societies. This diminished their influence and rendered them to amateur status.⁵⁴

Feminism--The only serious, coherent and universal philosophy that offers an alternative to patriarchal thought. Feminists believe in a few simple tenets, i.e., women are human beings, that the two sexes are at least equal [in worth] in all significant ways and that this equality must be publicly recognized and acted upon.⁵⁵

Feminist--"One who practices the tents of feminism."⁵⁶

Feminist Perspective--An understanding of social, political and economic events and situations that arise from women's historical and life experiences as distinguished from those of men. It is not gender-

specific in that some men may share and all women may not share a feminist perspective.⁵⁷

Logos--"Reason, thought of as constituting the controlling principle of the universe and of being manifested by speech."⁵⁸

Major Attainment--A significant achievement or principle accomplishment of value. Examples include the founding of modern nursing by Florence Nightingale and the establishment of the Henry Street Settlement in New York by Lillian Wald.

Male Governance--The act, manner, function, or power of the government under patriarchy. Women may be members of the government but they act so as to reinforce the patriarchal hegemony in thought and values.

Patriarchy--"The manifestation of institutionalization of male dominance over women and children in the family and the extension on male dominance over women in society in general. It implies that men have power in all the important institutions of society and that women are deprived of rights, influence, and resources. It does not imply that women are either totally

powerless or totally deprived of rights, influence, and resources."⁵⁹

Phallogocentrism--The belief that the logic of the West--its model of truth and sense of identity--centers on the symbolism of the phallus and is viewed as part of the same system.⁶⁰

Product of Value--Something produced by human industry or art that is judged to be of great worth. An example is Sister Elizabeth Kenny's invention of a special type of stretcher [the Sylvia Stretcher] used to treat shock victims.

Notes

¹See the following examples: [Sandra J. Bunkers and JoEllen Koerner], "Making the Glue Stick: A Group Experience in Communication and Creativity," JONA 18, no. 6 (June 1988): 41; Heide Connell, "Promoting Creative Expression," Nursing Times 85, no. 15 (April 1989): 52-54; Lorraine Freitas, John Lantz, and Richard Reed, "The Creative Teacher," Nurse Educator 16, no. 1 (January/February 1991): 5-7; Beatrice Kalisch, "Creativity and Nursing Research," Nursing Outlook 23, no. 5 (May 1975): 314-319; Vicki Moss and Judith A. Webster, "Creativity in Education," AORN 41, no. 1 (January 1985): 196-202; Susan O. Murphy, "Contexts for Scientific Creativity: Applications to Nursing," Image: The Journal of Nursing Scholarship 17, no. 4 (Fall 1985): 103-107; [Daniel J. Pesut], "Toward a New Definition of Creativity," Nurse Educator 10, no. 1 (January/February 1985): 5; Elizabeth Stepp-Gilbert and Shirley O. Wong, "Creativity in Clinical Nursing," Journal of Nursing Education 24, no. 1 (January 1985): 32-35.

²Jo Ann Ashley, "Foundations for Scholarship: Historical Research in Nursing." Advances in Nursing Science 1, no. 1 (October 1978): 27.

³Lillian M. Simms and Janice B. Lindberg, The Nurse Person (New York: Harper and Row Publishing, 1978).

⁴Shirley M. Steele and Frank L. Maraviglia, Creativity in Nursing and Other Professions (Thorofare, NJ: Charles B. Black, 1981).

⁵Fred Dagenais and Afaf I. Meleis, "Professionalism, Work Ethic, and Empathy in Nursing: The Nurse Self-Description Form," Western Journal of Nursing Research 4, no. 4 (Winter 1982): 407-422.

⁶In the United States, the first reference to creativity in a nursing journal occurred in 1931. See Gladys Sellow, "Creative Thinking in Relation to Nursing Education," American Journal of Nursing 31, no. 2 (February 1931): 189-194. She believed that there was a difference between reflective and creative thought and also stated, "Creative thinking does not mean a great discovery." Sellow presented her ideas as her own opinion and made no attempt to defend her beliefs. By the sixties, nurse authors turned to male psychologists, educators, and business managers for their definitions of creativity. See Alice M. Robinson, "Creativity Takes Courage," Nursing Outlook 11, no. 7 (July 1963): 499-501; Also, Dorothy F. Corona, "Sedatives and Stimulants to Creativity," Nursing Outlook 12, no. 7 (July 1964): 24-26. Nurses did not analyze the concept of creativity for themselves. The definitions provided by other disciplines--made up mostly of men--were accepted without question by nursing. These nurses were practicing in a patriarchal society in which men possessed the power to define. See Gerda Lerner, The Creation of Feminist Consciousness (New York: Oxford University Press, 1993), 10.

⁷See Carol Plantamura, Women Composers (Santa Barbara, CA: Bellerophon Books, 1983), 2-3; Also, Margaret A. Boden, The Creative Mind: Myths and Mechanisms (New York: Basic Books, 1991), 1-5.

⁸See Sharon Bailon, Achieving Extraordinary Ends: An Essay in Creativity (Dordrecht, The Netherlands: Kluwer Academic Publishers, 1988), 1, 85.

⁹See Frank Barron, Creative Person and Creative Process (New York: Holt, Rinehart, and Winston, 1969), 3; Also, J. P. Guilford, "Creativity," American Psychologist 5 (1950): 444-454.

¹⁰J. P. Guilford, Nature of Human Intelligence (New York: McGraw-Hill Book Company, 1967).

¹¹Ibid.; J. P. Guilford and R. Hoepfner, The Analysis of Intelligence (New York: McGraw-Hill Book Company, 1971).

¹²See Bailon, Achieving Extraordinary Ends, 3.

¹³They included, but were not limited to, Frank Barron, Edward De Bono, J. P. Guilford, Donald W. MacKinnon, Sidney J. Parnes, Calvin W. Taylor, and E. Paul Torrance.

¹⁴Although nurse authors quoted a variety of creativity theorists, the majority of them ascribed to the contemporary view of creativity. See Pansy Nigh Torrance, "Does Nursing Education Reduce Creativity?" Nursing Outlook 12, no. 7 (July 1964): 27-30; Also, Barbara Thomas, "Promoting Creativity in Nursing Education," Nursing Research 28, no. 2 (March/April 1979): 115-119.

¹⁵Ibid.

¹⁶See Bailon, Achieving Extraordinary Ends, 131; Also J. P. White, "Creativity and Education: A Philosophical Analysis," British Journal of Educational Studies 16 (1968): 123-137.

¹⁷Daniel J. Pesut, "Mold a Future with Creative Nonconformity," Nursing Success Today 2, no. 3 (May 1985): 5-7.

¹⁸Ibid., 6.

¹⁹Ibid., Pesut believed that each male artist had a unique way of entering his "creative thinking trance." He revealed that Descartes "stretched out"; Johnson consumed large quantities of tea while inhaling the strong odor of orange peel and listening to the purring of a cat; Kipling wrote only with black ink; and Zola needed artificial light in order to write. Conversely, Stephen Spender dismissed such requirements as little more than arbitrary aids to concentration. See Stephen Spender, "The Making of a Poem," in Brewster Ghiselin, The Creative Process: A Symposium (Berkeley, CA: University of California Press, 1952), 14f.

²⁰Like Pesut and Spender, I was aware that a number of artists had developed harmless, bizarre quirks as a preliminary for engaging in creative work. (For instance, Schiller had to smell rotting apples and Auden had to drink hot tea.) However, I concluded that these ritual requirements were private fantasies of the artists. Even in instances where they might prove to be fetishes, I was

unconvinced that the fetish could account for the production of the artist's creative work. (The psychological literature is replete with reports of men who required a fetish such as a black garter belt or a red brassière in order to engage in sexual relations. Yet, no general recommendation has ever been made that one should identify one's fetish as a preliminary to engaging in a sexual act leading to reproduction. In fact, few women have reported a reliance on fetishes.) For further information on the rituals and private fantasies of creative persons, see John Gedo, "On the Psychology of Genius," International Journal of Psychoanalysis, 53 (1972): 200; Also, Meredith Skura, "Creativity: Transgressing the Limits of Consciousness," Daedalus, 109, no. 2 (1980): 127-146; For information on fetishes, see Sigmund Freud, The Basic Writings of Sigmund Freud, ed. and trans. A. A. Brill, The Modern Library (New York: Random House, 1938), 566-567.

²¹See Ellen Chesler, Woman of Valor: Margaret Sanger and the Birth Control Movement in America (New York: Simon and Schuster, 1992); Victor Cohn, "Sister Kenny's Fierce Fight for Better Polio Care," Smithsonian 12, no. 8 (November 1991): 181-200; M. Patricia Donahue, Nursing: The Finest Art (St. Louis: C. V. Mosby Company, 1985).

²²Each of the four women's names was a "household word" in her own lifetime. Monuments have been built to Florence Nightingale in cities throughout the world, e.g., Calcutta, Derby, Florence, London, and Milbank. There are also monuments to her in St. Paul's Cathedral, St. Thomas's Hospital, and the Royal Infirmary. In the Episcopal Cathedral in Washington, D.C., is the "famous and beautiful stained glass 'Nightingale Window,' composed of six panels that depict the events in the life of Miss Nightingale." Donahue, Nursing, 249; Among the first 15 nurses selected to be charter members of the Nursing Hall of Fame in the United States were Lillian Wald and Margaret Sanger. They were chosen from a list of 100 candidates by a committee appointed by the Board of Directors of the American Nurses' Association (ANA). See American Nurses' Association, Nursing Hall of Fame (Kansas City, MO: The Association, 1982); By 1946, the Australian nurse, Sister Elizabeth Kenny, had achieved fame unprecedented for a woman in the United States. At the première of a Hollywood film based on

her life story, 20,000 people jammed into Time Square and stopped traffic. Even the extra police squads were unable to keep them under control. See Cohn, "Sister Kenny's Fierce Fight," 181-200.

²³See Philip A. Kalisch and Beatrice J. Kalisch, The Advance of American Nursing, 2nd ed. (Boston: Little, Brown, and Company, 1986); Elizabeth Kenny, And They Shall Walk, with the collaboration of Martha Ostenso (New York: Dodd, Mead, and Company, 1948); Cohn, "Sister Kenny's Fierce Fight," 181-200.

²⁴As early as 1852, Florence Nightingale questioned the idea of the patriarchal family. See Florence Nightingale, Cassandra (England: Privately printed, 1860; Reprinted, New York: The Feminist Press, 1980). For additional information on Nightingale's feminist sympathies, see Margaret Forster, Significant Sisters: The Grassroots of Active Feminism (New York: Alfred A. Knopf, 1985), 93-129; Both Lillian Wald and Margaret Sanger were cultural feminists. See Karen Miller, "Feminist Ideology in Nursing: A Foundational Inquiry" (Ph.D. diss., University of Colorado, 1988), 62; Sister Elizabeth Kenny's life also exemplified that of a cultural feminist. See Kenny, And They Shall Walk.

²⁵Josephine Donovan, Feminist Theory: The Intellectual Traditions of American Feminism (New York: Fredrick Unger Publishing, 1985); Miller, "Feminist Ideology in Nursing."

²⁶Margaret Fuller, Women in the Nineteenth Century (Original work printed 1845; Reprinted, New York: Norton Press, 1971).

²⁷Sheila Bunting and Jacquelyn C. Campbell, "Feminism and Nursing: Historical Perspectives." Advances in Nursing Science 12, no. 4 (July 1990): 11-24.

²⁸Ibid.; Deborah A. Luepnitz, The Family Interpreted: Feminist Theory in Clinical Practice (New York: Basic Books, 1988).

²⁹Fuller, Women; Miller, "Feminist Ideology."

³⁰Bunting and Campbell, "Feminism and Nursing."

³¹Ibid.

³²Ibid.; Chesler, Woman of Valor.

³³Bunting and Campbell, "Feminism and Nursing."

³⁴Early in her career, Lillian Wald was admired by her nurse colleagues and the greater public. However, Margaret Sanger met with more controversy than did Wald. Sanger's crusade to legalize the publication of birth control information in the United States was controversial. Her contributions to family planning are now highly valued by the members of the nursing profession, as well as by the American populace. See Doris Groshen Daniels, Always a Sister: The Feminism of Lillian D. Wald (New York: The Feminist Press, 1989); Chesler, Woman of Valor; Mary-Ann Ruffing-Rahal, "Margaret Sanger: Nurse and Feminist," Nursing Outlook 34, no. 5 (September/October 1986): 246-249.

³⁵See Bunting and Campbell, "Feminism and Nursing."

³⁶For an example, see Sellow, "Creative Thinking."

³⁷See Dagenais and Meleis, "Professionalism"; Daniel J. Pesut, "Self-Perceived Creativity of Practicing Registered Nurses," The Journal of Continuing Education in Nursing 19, no. 3 (May/June 1988): 100-102; Simms and Lindberg, The Nurse Person.

³⁸Ashley, "Foundations for Scholarship," 35.

³⁹Ibid.

⁴⁰Ibid.

⁴¹Janet Wilson James, "Writing and Rewriting Nursing History: A Review Essay," Bulletin of the History of Medicine (1984): 58, 574.

⁴²Ashley, "Foundations of Scholarship."

⁴³See Carolyn G. Heilbrun, Writing a Woman's Life (New York: Ballantine Books, 1988); Also, the writer, Edith Wharton (1862-1937) believed that few women "bared their souls." She wrote, "I have sometimes thought that a woman's nature is like a great house full of rooms: There is the hall, through which everyone passes going in and out; the drawing room where members of the family come and go as they list; but beyond that, far beyond, are other rooms, the handles of whose doors perhaps are never turned; no one knows the way to them and no one knows whither they lead; and in the innermost room, the holy of holies, the soul sits alone and waits for a footstep that never comes." Edith Wharton quoted in Victoria 8, no. 10 (October 1994), 125.

⁴⁴The nurse historian Ellen Baer wrote that the divisiveness in nursing during its early years was characteristic of all American enterprise in the late nineteenth century. She concluded that the professional schisms had led to diversity and opportunity for nurses. Baer suggested that nursing had been plagued by the suspicion that it was badly used by the "so-called power groups" [doctors, hospital administrators, and others]. She concluded that nurses should have a more optimistic view of their history. Although she realized that the Civil War and industrialization had contributed to the century's turmoil, Baer failed to grasp the whole picture. Baer made no mention of the fact that the patriarchal values of Western culture had played a part in causing the Civil War and had contributed to the negative aspects of the Industrial Revolution, as well as the professional schisms. See Ellen D. Baer, "Nursing's Divided House--An Historical View," Nursing Research 34, no. 1 (January/February 1985): 32-38.

⁴⁵Jo Ann Ashley, "Nursing and Early Feminism," American Journal of Nursing 75, no. 9 (September 1975): 1465-1467; Jo Ann Ashley, Hospitals, Paternalism, and the Role of the Nurse (New York: Teachers College Press, 1976).

⁴⁶"Defeminization" is a term used by a historian for the systematic exclusion of women in the West from the clergy, the professions, and finally, from the fields of science and technology. See David F. Noble, A World Without Women: The Christian Clerical Culture of Western Science (New York: Alfred A. Knopf, 1992).

⁴⁷David J. Fox, Fundamentals of Research in Nursing, 3rd ed. (New York: Appleton-Century-Crofts, 1976), 184.

⁴⁸Gerda Lerner, The Creation of Patriarchy (New York: Oxford University Press, 1986), 220.

⁴⁹Balin, Achieving Extraordinary Ends, 131.

⁵⁰Ibid., 3-5.

⁵¹Ibid.

⁵²Ibid.

⁵³Miller, "Feminist Ideology;" Donovan, Feminist Theory.

⁵⁴Noble, A World Without Women.

⁵⁵Marilyn French, Beyond Power: On Women, Men, and Morals (New York: Ballantine Books, 1985).

⁵⁶Miller, "Feminist Ideology," 168.

⁵⁷Ibid., 168.

⁵⁸Webster's New World Dictionary, 2nd College ed. (1976), s.v. "logos."

⁵⁹Lerner, The Creation of Patriarchy, 239.

⁶⁰Jacques Derrida, cited in Jonathan Culler, On Deconstruction Theory and Criticism After Structuralism (Ithaca: Cornell University Press, 1982).

CHAPTER II

CREATION MYTHS, FOLKTALES, AND FAIRY TALES

Creation Myths

Creativity understood as a thought process has exemplified a masculine point of view. Frieda Fromm-Reichmann and Virginia Gunst have stated that in the Judeo-Christian Bible the creation of the world was understood as the accomplishment of a male figure, the Lord.¹ They suggested that this belief has "elicited the fantasy that a male God can create the world by virtue of verbalized thought."² ("In the beginning God created the heavens and the earth... God said, 'Let there be light', and there was light... God said, 'Let there be a vault in the waters to divide the waters in two.' And so it was...")³ Fromm-Reichmann and Gunst commented that just as the visible erection and ejaculation of the male organ of procreation has sometimes been attributed to fantasy and imagination, so too, has the creation of the world been attributed to a verbalized, masculine thought process.⁴

Similarly, in Greek mythology, the emergence of Athena from the head of Zeus was a creative act that originated inside of the masculine mind where thoughts were generated. The creative product was the goddess, herself.⁵ It can be inferred that men proceeded from identifying the thought process as the source of their creativity to defining creativity as a spontaneous thought process.

Feminine creativity myths have most often told of a female deity who created in the natural way--by giving birth. Sometimes the goddess wove the world from a loom and spun the threads of destiny and time.⁶ The creation of a product was always emphasized in these stories, but thought processes were seldom mentioned as part of the creative act. Because greater emphasis was placed on the value of the created product than on the thought process involved in its construction, feminine creativity myths are well suited to illustrate the classical concept of creativity.

Another difference between the masculine and feminine creativity myths existed in the extent to which novelty was emphasized in the stories. Just as the contemporary definition of creativity emphasized novelty, the spectacle of Athena arising full grown from the head of Zeus appeared

more original and fanciful than a tableau of a female goddess giving birth in the usual manner.

While the creativity myths depicting male gods have retained their power to captivate, one question arose. What accounted for their whimsical, fantastic components? The ancient Persian Creativity Myth which preceded the Biblical one provided a clue.

In the Persian Myth, a woman brought forth the world by an act of natural creativity which was hers alone and could not be duplicated by men. Next, she gave birth to numerous sons who were baffled by her abilities. Once the sons realized that they were unable to match their mother's feats, they began to ruminate on the thought that if she could give life, she could also take it away. Because of their fear of the mother's mysterious ability, they killed her.⁷

Although they put the mother to death, nowhere in the myth was there the suggestion that the sons were able to expropriate her unique creative power for themselves. Albeit, the obliteration of the mother did eliminate the possibility that the sons would be confronted with any future evidence of her creative abilities.

By ending the woman's creative episode, her sons made it easier to deny both the power and merit of feminine creativity. Once women's creative ability was disparaged, it followed that the value of their products and attainments was also abnegated. After this happened, it became a simple matter to deny that women were actually creative. This denial enabled men to proclaim that creativity was a masculine prerogative and even more ominously, increased the likelihood that they would be believed.⁸

Most of the world's creativity myths with a goddess as the creator have been superseded by stories which accorded that privilege to a god.⁹ For example, few myths are more familiar than that of Pandora, the "beautiful evil." She was created by Zeus--the supreme deity of the ancient Greeks--to inflict punishment on the human race. Evidence exists that originally, the name "Pandora" translated as "the all giver" rather than as "the all gifted."¹⁰ Known as the Earth-Mother, Pandora was revered as "she who was from the beginning."¹¹ Hesiod's description of Pandora's silvery robe, embroidered veil, and elaborate crown hinted at her past exalted status.¹²

Once women were stripped of their credibility as creators, it was expedient for men to describe their own creative powers in narratives that were distinct from the old myths with a feminine orientation. For men's purposes, it was impossible for the deeds of gods to be too novel or fantastic. What did it matter if real flesh and blood men could not produce a full grown woman from their heads in imitation of Zeus? After all, neither could women!

In commenting on the Persian Myth which ended in matricide, Fromm-Reichmann and Gunst explained that women were naturally proud of their procreative abilities. They suggested that men's fear and envy caused women to hide their genuine pleasure in their natural creativity from men and finally, from themselves. In return, women hoped that men would protect and appreciate them.¹³

If Fromm-Reichmann and Gunst were correct in their interpretation, it is probable that women have also concealed from themselves the knowledge of how much they value their own creations and attainments. One way women may have hidden their true feelings and gained some compensation for their self sacrifice was by adopting a "masculine" point of view. This would have required women

to develop a taste for the original, the novel, and the prodigious. It may also explain why so many women have done just that.¹⁴

Creativity and the Original

Not all men have been of the opinion that the generation of novelty was of great importance. Plato (427?-347? B.C.) believed that the person who perfected a created product stood higher intellectually than the individual who first originated it. He would have ascribed creativity only to the artist who created a product of value.¹⁵ Plato argued:

And isn't the quality, beauty and fitness of an implement or creature or action judged by reference to the use for which man or nature produced it?¹⁶

Although other creativity classicists have ascribed to Plato's point of view, efforts by many men to link novelty and originality with creativity have been tenacious. The extent to which men have distorted the creative potential of women was matched by their effort to legitimize a masculinized definition of creativity as a novel thought process.

The significance of original ideas for the attribution of genius has been debated for centuries.

Women's concern about their apparent lack of significant innovation first appeared in the fifteenth century treatise of Christine de Pisan (sometimes referred to as de Pizan).¹⁷ She comprised stories of women of courage and power for the purpose of improving the self image of members of her own sex. In her book, she exhorted "Lady Reason" to speak of women who had discovered previously unknown arts and sciences:

For it is not such a great feat of mastery to study and learn some field of knowledge already discovered by someone else as it is to discover by oneself some new unknown thing.¹⁸

Nowhere in her writings did de Pisan indicate that the value of "new knowledge" might be of greater consequence than its "newness."¹⁹ De Pisan may never have attained that insight. If she did, perhaps she concluded that it would be futile to argue the point. The dominant stereotype of the age was that women were not inventive.

The absurd but powerful belief that women did not invent or create anything significant was still in vogue in the nineteenth century. In 1876, Matilda J. Gage, a feminist and suffragist learned that inventions made by women were to be credited to men in exhibits planned for the American Centennial. Incensed, she set the record straight

in a series of letters to the Fayetteville [New York] "Recorder."²⁰ Her letters were later published in a suffragist pamphlet, Women as Inventor.²¹ Gage also listed a number of "firsts"--women's original ideas and inventions --in her history of women's suffrage.²²

Gage's role as a whistle blower was both admirable and useful in her campaign for suffrage. By proving that women had achieved with distinction in the same areas and in the same ways as men, Gage made it easier for women to argue that they were competent to vote.²³ However, like de Pisan before her, Gage failed to challenge the validity of originality as a criterion for the ascription of creative attainment. Both of these women valued the novel and sought to defend women's ability to engage in original thought.²⁴

Beginning with the twentieth century, numerous critical analyses were conducted on the concept of originality.²⁵ Yet, it was not until the early nineteen-seventies that women began to notice that one of the most effective ways to depreciate and dismiss the work of women scholars was to deny its originality.²⁶ During the last decade, two feminists, Bernice Carroll and Dale Spender

wrote about the politics involved in the imputation of originality. Recently, Carroll commented:

There has been hardly any response to the contention that a slippery, unsubstantive concept of "originality" has been used to dismiss women's intellectual work; it has been neither challenged nor taken up as a point of departure for further theory or research.... What more substantive criteria of evaluation of intellectual and artistic work can be developed to clarify, democratize, or replace "originality" and its entire brotherhood [innovation, creativity] of ritual exclusionary concepts?²⁷

Perhaps Carroll could have found a more substantive criterion of evaluation in the classical requirement for the ascription of creativity. That criterion was the determination of value of a created work.

It was ironic that the requirement of novelty for the ascription of creativity provided men with an easy way to disparage women's work. Men themselves, had never hesitated to borrow their ideas. Although the gods in the revised creativity myths did perform some novel feats, many of their deeds were far from original. Anne Baring and Jules Cashford concluded:

It was by marrying or fathering the goddesses that Zeus annexed or appropriated their power to himself. As the Great father, he was undisputed head of the Olympian family.... The structuring of the world had become patriarchal. Zeus and his two brothers, Poseidon and Hades... now ruled the three dimensions

of the sky, sea, and underworld that had always been the province of the Mother goddess.... Kings take their sovereignty from Zeus, as before they had done so from the goddess.²⁸

Having successfully orchestrated the changing of the gods, men did not choose to rest on their laurels. Instead, they proceeded to filch the legends and tales of the common folk. By the seventeenth century, they had turned them into literary "fairy tales." In doing so, they consciously reinforced patriarchal values as part of the Western civilization process. Their discourses on mores, morals, and manners have been far more influential than has been widely realized or acknowledged.²⁹

Folktales

Using myths, it has been possible to trace the elementary, constantly recurring events of real life back to a unique, intrinsic occurrence that became destiny. In contrast, folktales indicated at one and the same time, the world as it was, is, and ought to be.³⁰ As children passed through their "fairy tale years", their imaginations were inscribed in indelible ink with instructions for their future behavior.³¹

A classic example of the folktale genre is the story of "Rotkäppchen" or "Little Red Cap" in its early versions and

translations. In 1812, the brothers, Jakob and Wilhelm Grimm,³² included it in their collection of fairy tales. It sold second only to the Bible in Germany throughout the nineteenth century.³³

At one time, historians, as well as folklorists, believed that the story of "Little Red Cap" was based on an ancient myth about the rising and setting sun. Little Red Cap's bright red head covering and her cloak were thought to symbolize the sunlight [day] and the wolf was believed to personify the darkness [night].³⁴ Other scholars regarded the tale as a legend having to do with being swallowed or consumed, similar to the one found in the book of Jonah.³⁵

Fortunately, independent, oral traditions of the story have surfaced in both Europe and China. These versions contained elements of the true folktale.³⁶ An interesting discovery was that the main theme of the tale was one of initiation. It celebrated the self reliance and creativity of a young peasant girl. The original European tale was known as the grandmother's story. In it, the young heroine had no name and there was no red cap, hood, or cape.³⁷

The Story of the Grandmother

Once upon a time, a young girl started a journey to deliver baked goods to her ailing grandmother. At the crossroads she met the werewolf. He learned where she was going and asked if she was taking the "path of needles" or the "path of pins." The girl chose the path of needles so the werewolf took the easier route, entered the cottage of the grandmother, and killed her. After the girl arrived, she unknowingly ate her grandmother's flesh and drank her blood, symbolically replacing her. She was told the truth of her deed by a little pantry cat. Although the girl first hearkened to the werewolf, joined him in the bedchamber, and did a strip-tease, she soon realized her peril. Therefore, she excused herself to go outside to defecate. The crafty werewolf had attached a rope to her ankle but as soon as she was out the door, she slipped the loop, tied it to a plumtree, and escaped by using her own wits.³⁸

In interpreting the tale, Yvonne Verdier wrote that the reference to the pins and needles was related to the needlework apprenticeship³⁹ formerly served by all young girls. It was associated with the arrival of puberty and marked their initiation into society. Verdier noted that in

peasant culture, women were self classified by the maturation of their bodies. She pointed out that:

Each successful conquest of physiological capacity concerning the female destiny is marked in the tale by the acquisition of technique which is the equivalent in the stage of learning and even in a certain order--the proper order--in the society: needlework for puberty, kitchen [sic] for the proper procreative function, flushing out for the hour of birth. All this knowledge and technique are in the hands of women in the traditional peasant society.⁴⁰

Verdier identified women's knowledge and technique as their true cultural goods. She suggested that in the folktale, these were contrasted to the ways of nature--exemplified by the wolf's killing of the grandmother.⁴¹

Phrased another way, peasant women valued their knowledge and skills which prepared them for their domestic/nursing vocation and procreative function. They saw the transfer of this knowledge to their daughters and granddaughters as a "right of passage." It served as the foundation of women's power and provided them with the autonomy to determine their own destiny within their culture.⁴²

Verdier's interpretation of "The Story of the Grandmother" is logical when one considers that for centuries, peasant women had served as their own doctors

without degrees. They also acted as their own nurses, abortionists, midwives, and counselors. Among them were "Wise Women" who planted and cultivated herbs. The secrets of their medicinal properties were shared with neighbor women and passed on to their daughters and granddaughters.⁴³

Fairy Tales

Little Red Riding Hood

The oral folk tale celebrated feminine creativity, bravery, shrewdness, and self reliance. However, in the twentieth century few people were familiar with it. Instead, as children, they were introduced to one of the Western literary versions of the tale--each a male creation and projection.⁴⁴

A well-known, "modern" account of the story was that of Charles Perrault, published in France in 1697 as "Le Petit Chaperon Rouge" or "Little Red Riding Hood."⁴⁵ Perrault sanitized the tale for the haute bourgeoisie. In so doing, he removed all references to the motif of the flesh and blood of the grandmother, the strip-tease, and the little girl's pretense that she had to relieve herself.⁴⁶ It was later explained that such common elements would have shocked polite society in his day.⁴⁷

Perrault's description of Little Red Riding Hood brought to mind the image of a pretty, spoiled, gullible, helpless, and nonproductive child. Her red hood, a gift from a doting grandmother, supposedly had promoted her vanity. In his tale, Little Red Riding Hood stopped in the woods to talk with the wolf, later joined him in her grandmother's bed, was amazed by the size of his body parts, and in the end, was devoured [sexually ravished] by him.⁴⁸

It was obvious that Perrault's motive was to warn little girls that they could be spoiled in more ways than one. Marianne Rumpf has documented that child molestation was common in Europe during the seventeenth century and earlier. She revealed that warning tales or Schreckmärchen were common in the middle ages. Rumpf concluded that the social function of Perrault's story was to warn children not to talk to strangers in the woods or let them enter their cottages.⁴⁹

While Jack Zipes gave some credence to Rumpf's assertion, he also believed that Perrault's main intention was to perpetuate male dominance and bourgeois-aristocratic values. After making a thorough study of Perrault's tale in its sociocultural context, Zipes wrote:

"Little Red Riding Hood" is a projection of male phantasy in a literary discourse considered to be civilized and aimed at curbing the natural inclinations of children.⁵⁰

Since the victim [Little Red Riding Hood] was female, it was not difficult to guess the sex of the children whose inclinations were to be curbed. Apparently, Perrault had considered the threat of rape/death to be an appropriate means of controlling young girls. In his fairy tale, Perrault indicated that women had to discipline themselves in order to be safe from their inner sexual drives and outer natural forces.⁵¹ The only way that Little Red Riding Hood could have protected herself was by denying her sexual and procreative instincts. In order to be good, she was not free to own her entire nature or take pleasure in her creative and procreative capacities.

In contemplating why Perrault had chosen the color red for the chaperon⁵² [cap or riding hood] of the little girl in his story, Jack Zipes concluded that it was because the color signified that she was a non-conformist. Zipes felt that the image that Perrault had created of the girl suggested that she had qualities which might cause her to be labeled as a heretic or a witch. She was beautiful, spoiled, and headstrong. Zipes was also well aware that the

color red was associated with witches and other outcasts in Perrault's era.⁵³

Over the centuries in Western Europe, far more women than men had been burned at the stake for the practice of witchcraft. In the minds of the populace, femininity was linked to untamed nature and greatly feared, particularly by men. According to Barbara Ehrenreich and Deirdre English, during the witch craze there were three main accusations made against women. They included: 1) engaging in sex with men--female sexuality, 2) being organized, and 3) having powers affecting health--both helpful and harmful.⁵⁴ (Most twentieth century nurses are guilty of two or three of these infractions.)

Perrault chose to focus on curbing sexuality in his tale of "Little Red Riding Hood." However, possession of the very knowledge, skills, and techniques celebrated by women in the folktale "The Story of the Grandmother", could have been as dangerous to a young girl as her sexual curiosity. In the latter part of the twentieth century, Perrault has frequently been taken to task for turning the grandmother's story into a mere sexual morality tale. Perhaps his greater triumph has been in nearly obliterating

from human consciousness, an awareness of the pride peasant women once took in the possession of their knowledge and healing techniques, and in the production of their creative work.

Little Red Cap

The most popular rendition of "Little Red Cap" was the nineteenth century German story by the Brothers Grimm. They based their tale on that of Perrault but gave it a "happy" ending.⁵⁵ In this version, Little Red Cap started out to take a bottle of wine and a piece of cake to her Granny who was ill. Both the Granny and Little Red Cap ended up being eaten by the wolf. However, they were rescued when a passing woodcutter⁵⁶ saw the wolf and slit the belly of the sleeping animal to free them. Once Little Red Cap was rescued, it was her idea to fill the wolf's stomach with stones. When the wolf awakened he attempted to escape, but the stones were too heavy and he collapsed, falling to his death.⁵⁷

The Grimm brothers adapted the tale to conform to the Victorian image of a proper story for little girls. None the less, Jack Zipes pointed out that, "Salvation comes only in the form of a male patriarch who patrols the woods and

controls the unruly forces of nature--both inner and outer."⁵⁸ Zipes also observed that when the Grimm brothers decided that Little Red Cap's fate had been too cruel and granted her the opportunity to punish the wolf by filling his belly with stones, they did her no favor. She actually ended up by punishing herself. In placing the sterile rocks in the wolf's stomach, she internalized the male value system.⁵⁹ It would be an obstacle to her own creative fulfillment.

Countless children who were told the tale of "Little Red Cap" have been influenced by its repressive socialization. Jack Zipes concluded that it was impossible to overestimate the importance of "Little Red Cap Syndrome" as a major culture pattern in the West. He also made it clear that both of the popular literary forms of the tale were male creations. He stated, "Not women but men--Perrault and the Brothers Grimm--gave birth to our common image of Little Red Riding Hood."⁶⁰ Zipes concluded that the popular fairy tale reflected men's fear of women's sexuality, as well as their own. That men were equally as fearful of women's knowledge, skills, and creative ability escaped his attention.

Prior to Zipes intensive study of the tale in its historical, sociocultural context, it was widely believed that the Grimm brothers had obtained their version of the folktale directly from a peasant woman.⁶¹ Therefore, it was understood to be authentic. Ironically, Erich Fromm chose the story of "Little Red Cap" as an example of a male/female conflict composed by "men-hating women" in Europe during the middle ages.⁶² He felt that the wolf was made to look ridiculous by being given the role of a pregnant woman with living beings in his belly. Fromm understood Little Red Cap to be carrying out the primitive law of retaliation when she put stones--the symbol of sterility--in the wolf's stomach, thereby insuring his death.⁶³

Fromm interpreted the fairy tale as one in which females emerged "triumphant" in contrast to the outcome of Eastern Creativity Myths.⁶⁴ Apparently, Fromm was intent on providing evidence that the literary "battle of the sexes" had been conducted on a level playing field. Unfortunately, now that the true facts are known concerning the origin of the fairy tale, this has not proven to be the case.

Of course, "Little Red Cap" is not the only fairy tale which has been employed to reinforce the norms of

Western society under male governance. As Andrea Dworkin asserted in her book:

We have not formed that ancient world--it has formed us. We ingested it as children whole, had its values and consciousness imprinted on our mind as cultural absolutes long before we were in fact men and women. We have taken the fairy tales of childhood with us into maturity, chewed but still lying in the stomach, as real identity.... Despite ourselves, sometimes unknowing, we act out the roles we were taught.⁶⁵

Chapter Summary and Conclusion

Beneath the creation myths of the gods has existed an older layer of myths in which the great goddess or earth mother reigned supreme. Traces of her story have surfaced in the accounts of the gods who succeeded her. They told of conflicts that broke out over the feminine and masculine principles of religion and social organization.⁶⁶

In order for the gods to gain supremacy, the "Great Mother" had to be challenged. This was difficult to accomplish for lacking wombs, the male gods could not give birth. To defeat the goddess, the masculine gods had to demonstrate that they had the ability to produce. This they were able to do in a novel way--through the use of thoughts and words. The gods commanded and "it was so." Their words were magical.⁶⁷

The male gods defeated the Great Mother by proving that they, too, had the creative gift and claiming that it was all the greater for its novelty. With the victory of the gods, male supremacy was established. Unlike the goddess who had to join with another when she wished to produce, a god depended on no one. All that was required was that he think novel thoughts and speak them. The patriarchy was proclaimed.

Under patriarchy, men have dominated based on their ability to produce by the power of thought. They have asserted that the development of civilization was founded on their form of production.⁶⁸ Of course, women, too, could think, but their thoughts lacked novelty. Men have said so.

After the changing of the gods in the West, men had several millennium in which to usurp the creative birthright of women and compose their own fairy tales. During the European witch craze which spanned four centuries--from the fourteenth to the seventeenth, A.D.--most of the Wise Women or "witches" were destroyed.⁶⁹ These included the women who had practiced the healing arts. They had been free and creative agents outside their homes, as well as within them. Poor and unlettered, they left us no records or diaries.⁷⁰

Many of the folktales which celebrated the knowledge and skills of the Wise Women have been rewritten, eliminating all mention of their arts and crafts. One example was known as "The Story of the Grandmother." In two of its fairy tale versions it has been titled "Little Red Riding Hood" and "Little Red Cap." A pretense was made that the details of the original folk tale were too homely and crude for modern sensibilities. It was explained that members of the bourgeoisie wanted a story that was uplifting and would reinforce the mores, morals, and manners of polite society. Male authors pilfered the folktale first from the peasantry, and then from each other. Perrault, as well as the Grimm brothers, developed the tale to meet the stringent codes of their respective societies under male governance.

Surprisingly, it has been the fairy tales rather than the myths which have posed the greatest threat to modern women's creative potential. While the myths told of an intrinsic occurrence that lay behind the recurring events in their lives, the fairytales presented the world, not only as it was and is, but "as it should be." Consequently, young girls and women who read the tales internalized the values they found in them. Women ceased to value their own

creative abilities and sought to discipline themselves in order to be worthy of the roles that society had offered them. Some of these women became nurses.

During the long millennia, men have continued to have novel thoughts. In the latter part of the twentieth century, they proclaimed that to be creative, no product of any kind was required. Rather, it was necessary only to engage in a creative thought process! Is it possible that in the future, anyone--man or woman--will have an idea more novel than that?

Notes

¹Frieda Fromm-Reichmann and Virginia K. Gunst, "On the Denial of Women's Sexual Pleasure", in Psychoanalysis and Women, ed. Jean Baker Miller, 75-82. (New York: Brunner/Mazel, 1973).

²Ibid., 77.

³Gen. 1. 1-3 TJB. Actually, the first verse of Genesis describes God's Spirit hovering over the waters. The Hebrew word Merahepheth, suggests the brooding flight of a mother bird guarding the nest. See Note 1c for Gen. 1 TJB. The Hebrew word from which God is translated in Gen. 1 is Elohim, a uniplural noun. There is a suggestion that God has a feminine aspect. However, this is not well understood by most Westerners who have been led to believe that God refers to a male Being. According to Athalya Brenner, in the Bible, "the 'immanence' (Hebrew kabod) of God 'dwells' (Hebrew shakan) in certain parts of the world and among his people." Post Biblical Judaism also speaks of God's immanence and of God's Shekinah, which is understood to be his dwelling and thought to be a feminine element. See Athalya Brenner, "The Hebrew God and His Female Complements," chap. in The Feminist Companion to Mythology, ed. Carolyne Larrington, 48-62. (London, England: Pandora Press, 1992); Daniel Boorstin, has asserted that creativity is a Judeo-Christian concept. Moses brought the idea of an original creation by a single all-powerful Creator to the West. Since the great Creator had made human beings in His image, they envisioned themselves as potential creators. Boorstin was of the opinion that unlike the Muslim's Allah, the God of Genesis was not only a God of Fiat, but also a "maker" or "worker." Therefore, it was necessary for the Creator to rest on the seventh day. See Daniel J. Boorstin, The Creators (New York: Random House, 1992), 38-69. Evidence that the Muslim view of creativity is that of total fiat is found in The Koran Interpreted, trans. A.J. Arberry (New York: MacMillan Publishing Company, 1955). It

includes the following verses: "To Him belongs all that is in the heavens and the earth;... and when He decrees a thing, He but says it to 'Be' and it is." Surah 2. 110; "We created the heavens and the earth, and what between them is, in six days, and no weariness touched Us." Surah 50. 38; Erich Fromm offered a different view of the "Day of Rest." He claimed that in the Hebrew tradition it had nothing to do with a need for a physical rest. Rather, the "rest" symbolized a state of peace between man and nature. It looked ahead to a Messianic time when all of mankind will be united in truth and love. See Erich Fromm, The Forgotten Language: An Introduction to the Understanding of Dreams, Fairy Tales and Myths (New York: Grove Press, 1957).

⁴Fromm-Reichmann and Gunst, "Denial of Women's Sexual Pleasure," 77; Although they didn't use the term, Fromm-Reichmann and Gunst were referring to "phallogocentrism." The concept has since been developed by Jacques Derrida. He stated, "It is one and the same system: the erection of a paternal logos... and of the phallus as 'privileged signifier'... In both cases there is a transcendental authority and point of reference: truth, reason, the phallus, 'man.'" See Jacques Derrida, quoted in Jonathan Culler, On Deconstruction: Theory and Criticism After Structuralism, 172.

⁵"But Zeus himself produced, from his own head,/Grey-eyed Athene, fearsome queen who brings/The noise of war and, tireless, leads the host,/She who loves shouts and battling and fights." See Hesiod, quoted in Anne Baring and Jules Cashford, The Myth of the Goddess: Evolution of an Image (London, England: Viking Arkana, 1991), 335; Athene/Athena was the Greek name of the goddess. She was known as Minerva to the Romans. See The Columbia Viking Desk Encyclopedia, 3rd ed. (1968) s.v. "Minerva."

⁶Manuela D. Mascetti, The Song of Eve (New York: Simon and Shuster, 1990), 36, 94. Additional creation myths can be found in Robert Graves, The Greek Myths, vol. 1 (New York: George Braziller, 1959).

⁷Fromm-Reichmann and Gunst, "Denial of Women's Sexual Pleasure," 77.

⁸A peculiar inversion of the mother-child relationship is the Biblical one in which man defines himself as the mother of women. "The man exclaimed: 'This at last is bone from my bones, and flesh from my flesh! This is to be called woman, for this was taken from man.'" Gen. 2.23 TJB. Also, in the play of his Oresteia trilogy--The Furies--Aeschylus has Apollo assert: "The mother is not the parent of the child which is called hers. She is the nurse who tends the growth of young seed planted by its true parent, the male. ...[Apollo seeks and receives validation from Athena.] "No mother gave me birth. Therefore the father's claim and male supremacy in all things... wins my whole heart's loyalty." Quoted in Lerner, The Creation of Patriarchy, 205; For interpretations of the passage from the Oresteia, see Kate Millet, Sexual Politics (New York: Doubleday, 1969), 111-115; Erich Fromm, The Crisis of Psychoanalysis (Greenwich, CT: Fawcett, 1970), 115.

⁹See Baring and Cashford, The Myth of the Goddess.

¹⁰Ibid., 516.

¹¹Ibid.

¹²Ibid.; For a defense of the theory that Pandora was originally an earth goddess, see G. Fink, "Pandora and Epimetheus; Mythologische Studien" (diss. University of Erlangen, Erlangen, Bavaria, 1958); In Greek literature, Pandora was a beautiful woman, formed by Zeus and given and soul by Athena. All of the other gods contributed appropriate gifts, but those from Aphrodite and Hermes were harmful instead of beneficial, and in the end, Pandora turned out to be a "beautiful evil." Pandora was transported to earth by Hermes and accepted as a wife by Epimetheus [whose name means, "Hindsight"]. Pandora introduced vice, illness, and death to the world when she opened her forbidden vase and freed all of its "Troubles." Only Hope remained, continuing to live under the lid of the jar. Pandora became the mother of all women--but not of men. One version can be found in Hesiod Works and Days 57-101; The story of "Pandora" was known the Christian fathers who used it in an attempt to corroborate the doctrine of original sin. Even Pandora's pithos (jar or vase) was

compared to Eve's forbidden fruit. See Dora Panofsky and Erwin Panofsky, Pandora's Box: The Changing Aspects of a Mythical Symbol (New York: Bollingen Foundation, 1956); It was Erasmus of Rotterdam (1469?-1536) who made a pre-Freudian slip when he translated pithos as pyxis or box (the vernacular for the female genitals). See Baring and Cashford, The Myth of the Goddess; It is curious, indeed, that in eighteenth century New England the term "Pandora's Box" was applied to a case or container used by physicians to store their medical instruments. In 1721, inoculators [medical men] were instructed to be "completely armed with Incision-Lancet, Pandora's Box, Nut-Shell and Fillet." See William A. Craigie and James R. Hulbert, eds., A Dictionary of American English on Historical Principles, III (Chicago, 1942), 1676; In the nineteenth century, Nathaniel Hawthorne composed a fairy tale for children based on the Hesiodian myth. See Nathaniel Hawthorne, Wonder-Book for Girls and Boys (Boston, 1852), 98fl.

¹³Fromm-Reichmann and Gunst, "Denial of Women's Sexual Pleasure," 77. During the establishment of the patriarchy (which occurred before the formation of Western civilization), the right of men to regulate and seize the sexual and reproductive services of women was institutionalized. See Lerner, The Creation of Feminist Consciousness, 3. In an earlier work, Lerner stated that, "The system of patriarchy can function only with the cooperation of women. This cooperation is secured by a variety of means: gender indoctrination; educational deprivation; the denial to women of knowledge of their history; the dividing of women, one from the other, by defining 'respectability' and 'deviance' according to women's sexual activity; by restraints, and outright coercion; by discrimination in access to economic resource and political power; and by awarding class privileges to conforming women." Lerner, The Creation of Patriarchy, 217. An account of how male physicians and hospital administrators secured the cooperation of nurses in their own subordination can be found in Ashley, Hospitals, Paternalism, and the Role of the Nurse.

¹⁴From the early fifteenth century through the late twentieth, it is obvious that women have learned to value

novelty and originality. This is evident in the amount of concern they displayed over the possibility that women may not have created much original work. See Christine de Pisan, The Book of the City of Ladies (Original work printed in 1405), trans. Earl Jeffrey Richards (Reprinted, New York: Persea Books, 1982); Gloria F. Donnelly, "Nursing Theory: Evolution of a Sacred Cow," Holistic Nursing Practice 1, no. 1 (November 1986): 1-7.

¹⁵Plato The Republic 601d.

¹⁶Ibid.

¹⁷See Christine de Pisan, The Book of the City of Ladies.

¹⁸Ibid., 70-71.

¹⁹Ibid.

²⁰See Autumn Stanley, "Do Mothers Invent? The Feminist Debate in History of Technology," in The Knowledge Explosion: Generations of Feministic Scholarship, eds. Cheris Kramarae and Dale Spender (New York: Teachers College Press, 1992), 459-472.

²¹Matilda Joslyn Gage, Woman as Inventor (Fayetteville, NY: New York State Woman Suffrage Association, 1870).

²²See Matilda Joslyn Gage, Preceding Causes (Original work printed in 1881), Reprinted in The Concise History of Woman Suffrage, eds. Mario Jo Burke and Paul Buhle (Urbana, IL: University of Illinois Press, 1978), 57.

²³See Stanley, "Do Mothers Invent?"

²⁴According to Gage, it was a woman, Mercy Otis Warren, who based the struggle for independence on "inherent rights." Warren was influential in the formation of John Adam's viewpoint. See Gage, Preceding Causes. Although Mercy Warren may have influenced John Adam's belief in the inherent rights of individuals, this does not prove that the idea was original with her either. In April 1770, Thomas Jefferson argued the case of a mulatto slave seeking his

freedom in a Virginia Court. Jefferson proclaimed that, "Under the law of nature, all men are born free, and every one comes into the world with a right to his own person..." See Fawn M. Brodie Thomas Jefferson: An Intimate History (New York: W.W. Norton and Company, 1974), 92. Jefferson would use the phrase, "All men are born free," six years later in the "Declaration of Independence." The idea can be traced to men of the enlightenment. While it can not be determined with certainty who first realized that freedom was an inherent right of a human being, the idea is one of great worth. It is valued, not because it was original with any one person, but because it is a concept that has benefited humanity.

²⁵These include: Mary Parker Follett, The New State: Group Organization, The Solution of Popular Government (New York: Longmans, Green, 1920); Céline Renooz, Le Monde Ancien. L'Ere de Vérité, vol. 2. (Paris, France: Marcel Giard, 1924).

²⁶Bernice A. Carroll, "Originality and Creativity: Rituals of Inclusion and Exclusion," in The Knowledge Explosion: Generations of Feminist Scholarship, eds. Kramarae and Spender, 353-361. Carroll lamented that neither de Pisan nor Gage sought to challenge the validity of "Originality" as a criterion of intellectual accomplishment.

²⁷Ibid., 359-360.

²⁸Baring and Cashford, The Myth of the Goddess, 315.

²⁹See Jack Zipes, The Trials and Tribulations of Little Red Riding Hood: Versions of the Tale in Sociocultural Context (South Hadley, MA: Bergin and Garvey Publishers, 1983).

³⁰Max Lüthi, "Function and Significance of the Folktale," chap. in The European Folktale: Form and Nature, trans. John D. Niles (Philadelphia: Institute for the Study of Human Issues, 1982), 81-106.

³¹Andrea Dworkin, Woman Hating (New York: Dutton, 1974). Also, Zipes, The Trials and Tribulations of Little Red Riding Hood.

³²See Grimm, Die Brüder [Jakob and Wilhelm], "Rotkäppchen," in Kinder und Hausmärchen (Berlin, Germany: Realschulbuchhandlung, 1812).

³³See Zipes, The Trials and Tribulations of Little Red Riding Hood.

³⁴See Andrew Lang, Myth, Ritual and Religion (London, England: Longmans, Green, 1887); Zipes also includes a brief discussion of this theory in The Trials and Tribulations of Little Red Riding Hood.

³⁵The story of Jonah and the whale can be found in Jon. 1. 1 TJB. It actually falls into the category of a legend. It evokes a belief in the reality of what is told. "It relates everything to one and the same center, God." Lüthi, The European Folktale, 84.

³⁶The tale of "Goldflower and the Bear" which is popular in China, is similar to that of the German "Little Red Cap." Both are based on ancient folktales. Original folktales usually have characters without proper names. For instance, they are known as the girl, the grandmother, the wolf, or the bear. In folktales, heroes and heroines meet with speaking animals, winds, plants, and planets but are not astonished. In contrast, people in legends are horrified when an animal begins to speak. See Lüthi, "One Dimensionality," chap. in The European Folktale 4-10. Fairy Tales are usually written stories based on folktales. However, they are dressed up to popularize them or for the purpose of teaching a moral. The Chinese tale of "Goldflower and the Bear" retains more of the original details of the folktale upon which it is based than does the European "Little Red Cap." Goldflower escapes from the bear by the use of her own wits, but Little Red Cap must rely on the woodcutter for her salvation. See Chiang Mi Goldflower and the Bear (The People's Republic of China, 1979). Reprinted in Zipes, The Trials and Tribulations of Little Red Riding Hood, chap., 281-284.

³⁷Ibid.; This discredits the theory of the sunrise/sunset myth as a basis of the story of "Little Red Cap."

³⁸Different versions of this tale can be found in [Paul] Delarue, ed., "Conte de la mère grande," in Le Conte Populaire Français Vol. 1 (Original work recorded in Nèvre, France in 1885), Reprinted Paris, France: Érasme, 1957); Paul Delarue, ed., The Borzoi Book of French Folk Tales, trans. Austin E. Fife (New York: Knopf, 1956), 230-232; Jack Zipes also recounts the folktale in The Trials and Tribulations of Little Red Riding Hood, 5-6.

³⁹The path of needles was more difficult than the path of pins in the same way that it took more time to put together a garment with needle and thread than with pins. See Yvonne Verdier, "Grand-mères sie vous saviez; le Petit Chaperon Rouge dans la tradition orale," cited in Zipes, The Trials and Tribulations of Little Riding Hood, 5-6.

⁴⁰Ibid., 8.

⁴¹Ibid.

⁴²Ibid.

⁴³Barbara Ehrenreich and Deirdre English, Witches, Midwives, and Nurses: A History of Women Healers (New York: The Feminist Press, 1973).

⁴⁴Zipes, The Trials and Tribulations of Little Riding Hood.

⁴⁵Charles Perrault, "Le Petit Chaperon Rouge," in Histoires ou Contes du temps passé: Avec des Moralitez (Original work printed in Paris, France: Fleuron, 1697), Reprinted in Perrault's Fairy Tales (New York: Dover, 1969).

⁴⁶See [Paul] Delarue, "Conte du la mère grande," in Zipes The Trials and Tribulations of Little Red Riding Hood, 5-6.

⁴⁷See Bruno Bettelheim, "Little Red Riding Hood," chap. in The Uses of Enchantment: The Meaning and Importance of Fairy Tales (New York: Vintage Books, 1977), 167-183).

⁴⁸See Perrault, "Le Petit Chaperon Rouge," Reprinted in Zipes, The Trials and Tribulations of Little Red Riding Hood, chap. 70-71.

⁴⁹See Marianne Rumpf, "Ursprung and Entstehung von Warn- und Schreckmärchen," cited in Zipes, The Trials and Tribulations of Little Red Riding Hood, 2.

⁵⁰Zipes, The Trials and Tribulations of Little Red Riding Hood, 13.

⁵¹Ibid.

⁵²Ibid., 54.

⁵³Ibid. See pages 9, 54, 60, 64; In the seventeenth century, red was still associated with sin and sensuality. Even infants born with red hair were thought to be evil. (In 1840, the Austrian playwright, Johann Nestroy wrote Der Talisman, (the play dealt with the phenomenon). The title of Perrault's French fairy tale--"Le Petit Chaperon Rouge"--does not directly translate as "Little Red Riding Hood." The English title was given because red hoods were believed to be worn by witches. According to Sidney Oldall Addy, a woman living in the parish of Dronfield, in Derbyshire, wore a hood known as a "little red riding hood." Her neighbors believed her to be a witch. See Sidney Oldall Addy, Folktales and Superstitions (London, England: Nutt, 1895; reprint, London England; E.P. Publishing, 1973), 70-71.

⁵⁴Ehrenreich and English, Witches, Midwives, and Nurses, 10.

⁵⁵In this story, Little Red Cap was viewed as being innocent but tempted. There was the implication that by learning her lesson and internalizing the values of the patriarchal society, she could be saved.

⁵⁶In the German version, the woodcutter referred to the wolf as "an old sinner." This term is often applied to an old man with a continuing interest in young girls. The Grimm brothers left little doubt that the wolf symbolized a lecher or a roué. Zipes made this same conclusion.

⁵⁷The Grimm brothers' account of the wolf's demise drew praise from Bettelheim. He wrote that if the wolf had died during the "caesarean operation," children hearing the story might develop anxiety about childbirth. Since the wolf died because of the heavy stones placed in his belly by Little Red Cap, Bettelheim felt that children would not be traumatized. Bettelheim suggested that when Little Red Cap and her grandmother were swallowed by the wolf they died but that they were reborn. This "rebirthing" was curious because Bettelheim had interpreted the wolf as a male figure. Yet, he made no comment on the absurd spectacle of a Caesarean section being performed on a male wolf. See Bettelheim, "Little Red Riding Hood," 178-179. In making this omission, perhaps Bettelheim told a tale on himself!

⁵⁸Zipes, The Trials and Tribulations of Little Red Riding Hood, 18.

⁵⁹Ibid.

⁶⁰Ibid., 56.

⁶¹It is probable that the Grimm brothers first heard the French fairy tale in their own childhood. Also, Heinz Rölleke has asserted that Marie Hassenpflug, who had a French Huguenot background, contributed many of the "folktales" to the Grimm brothers' collection. See Heinz Rölleke, Die älteste Märchensammlung der Brüder Grimm, cited in Zipes, The Trials and Tribulations of Little Red Riding Hood, 14.

⁶²Fromm stated, "The huntsman [woodcutter who slew the wolf] is the conventional father figure without real weight." See Fromm, "Symbolic Language in Myth, Fairy Tale, Ritual, and Novel," chap. in The Forgotten Language, 241.

⁶³Ibid., 195-263.

⁶⁴Fromm referred to the myth of Enuma Elish; An account of the story can be found in Alexander Heidel, The Babylonian Genesis (Chicago: University of Chicago Press, 1942).

⁶⁵Dworkin, Woman Hating, 33.

⁶⁶See Fromm, "Symbolic Language in Myth, Fairy Tale, Ritual, and Novel," 195-263

⁶⁷Ibid.

⁶⁸Ibid.

⁶⁹The witch craze was conducted by men of the upper classes against the peasant women of all ages. Thousands of women were put to death in Germany, France, Italy, and England. See Ehrenreich and English, Witches, Midwives, and Nurses.

⁷⁰Ibid.

CHAPTER III

THE CONCEPT OF CREATIVITY

Creativity and Myth

From the days of antiquity, human creativity was viewed in terms of divine inspiration. In Greek mythology, Zeus, King of the gods, made love to the mortal woman, Mnemosyne (Memory) on nine consecutive nights. The nine daughters who were born to them ruled over the arts and sciences and were known as the muses. The Greeks believed that these beings--part mortal and part divine--breathed creative ideas into the minds of human artists. Persons engaged in creative work were said to be inspired (Latin for breathe in.).¹

Even today, it is not uncommon for artists and poets to boast of visits from their muse.² A more widely accepted belief is that the conscious mind uses material provided by the unconscious to create works of art. According to Carl Jung (1875-1961), a Swiss psychiatrist and founder of analytical psychology, in the male the unconscious is

personified by the anima, a feminine force; in the female, by the animus--a masculine entity.³

Over the centuries, the mysterious, creative phenomenon was understood to occur in only a few outstanding intellects, e.g., De Vinci, Mozart, Shakespeare, Picasso, and Einstein. These men were considered to be persons of genius because they significantly altered human perception in a major field. The fields benefiting from creativity have traditionally been science, the arts, and invention.⁴

Creativity: The Classical View

The classical view of creativity sometimes linked it with madness.⁵ Even in ancient Greece, a tête-à-tête between a mortal and his muse was always two edged. The muses were thought to bring not only inspiration but also danger. In the Ion, Plato wrote:

For the poet is an airy thing, a winged and a holy thing; and he cannot make poetry until he becomes inspired and goes out of his senses and no mind is left in him.⁶

According to the Roman savant, Seneca, Aristotle was of the same opinion. He quoted Aristotle from an unnamed source, as saying, "No great genius was without a mixture of insanity."⁷ Even so, the central concept of Aristotle's theory of art was that it was "a productive state that is

truly reasoned."⁸ Plato, too, understood that artists engaged in rational thought. He concluded that the artist who perfected a created product had demonstrated an intellect superior to one who first originated it.⁹

In truth, the classical view of creativity was paradoxical. It was understood that the artist both "knew and did not know" what he was doing! This should surprise no one familiar with Greek thought. The correlation of contraries was basic to Platonism.¹⁰ The Greeks recognized that creativity required knowledge and expertise and that the exercise of skills involved thought, evaluation, and revision. The act of creating was believed to be intentional. However, once engaged in the work, the imagination or "muse" could influence its final shape. In modern parlance, the true artist focused on the form and the form itself stimulated unconscious processes.¹¹

The Greeks were not afraid to pass judgement on a created product in order to determine its worth. A work was evaluated against a setting of known traditions. The product was examined for conformity, as well as a lack of it. In order for a creation to be valued, it had to manifest truth and beauty or be of some practical use.¹²

Novelty was not a major concern. Even Plato always presented his beliefs as though they issued from an ancient tradition.¹³

The conclusion can be drawn that in early Greece the ascription of creativity was awarded only to work deemed to be of value. Artists were understood to be skilled people who were somewhat prone to madness. This view of creativity and of the artistic temperament was seldom questioned in the West for millennia--until the dawn of the twentieth century.¹⁴

The Concept of Creativity in the Twentieth Century

Creativity and Madness

The linking of madness with creativity piqued the interest of [Henry] Havelock Ellis (1859-1930), the British psychologist, essayist, and the art critic. In 1904, he conducted and published a study of British "geniuses" and found only a few who were psychotic. However, neuroses and minor emotional illnesses were common among them.¹⁵ Therefore, the concept of genius as a "March hare" continued to enjoy a certain vogue.¹⁶ In an attempt to put the issue to rest, cognitive scientists conducted numerous studies, but the results were not conclusive.¹⁷

Recently, two physicians have examined the lives and works of some of the world's greatest artists. Philip Sandblom documented that both mental illness and serious physical disorders were common among creative persons. Sandblom suggested that in certain instances, illness served as a source of raw material, and pain "became art." He concluded that, "In great artists, the passion to create generates a willpower strong enough to defeat the worst disease."¹⁸ Kay Jamison surveyed forty-seven top British artists and writers and found that they had sought treatment for mood disorders at a rate thirty times higher than members of the general population. After extensive research she reported that a tendency toward manic depression (bi-polar disorder) was linked to creative people.¹⁹

Jamison believed that artistic inspiration involved dipping into irrational or prerational sources while also staying in contact with reality. She observed that most creative people had no difficulty with this. However, those who were bi-polar did, and endured great suffering. Jamison concluded, "If successful, the resulting work often bears a stamp, a 'touch of fire' for what it has been through."²⁰

Another physician and psychiatrist, Albert Rothenberg, believed that the mental disturbances of some scientists and artists furnished them with material that they mined for insight. This they used to their creative advantage. However, Rothenberg concluded that pathology was in no way a requirement for creativity.²¹

Creativity and Thought Processes

The Father of Psychoanalysis, Sigmund Freud (1856-1936), made a tentative link between the dream processes he had detected and the creative work of artists. He pointed out the similarities between the work of the poet and the play of children. Both included fantasy and daydreaming. Freud emphasized that daydreams, like dreams that occurred at night, were induced by unfulfilled wishes. He believed that night dreams were often distorted because the wishes were personally unacceptable to the dreamer. In contrast, the material in daydreams was usually repugnant only to society. The renowned psychoanalyst suggested that in creating literature, the artist softened the wish-fulfilling [egoistic] aspect of his dreams.²²

Freud asserted that both primary process thinking, arising from the unconscious, and secondary process thinking

under control of the ego, were involved in creative production. (Primary process thinking was also understood by Freud to be characteristic of infants, schizophrenics, and culturally "primitive" peoples. Mature adults were believed to engage in the secondary variety.)²³

Although Freud had speculated about creativity, he shied away from making an indepth formulation of the concept. It remained for Ernst Kris to do so. Kris was struck by the idea that art revealed unconscious material more readily than did waking thought. Like night dreams, art divulged repressed information through symbols and images, transmitting an intense emotional charge. Along with Freud, Kris believed that these images were caused by primary process thinking. However, he was perceptive enough to suggest that there was a sharp distinction between artists' creative thought and that of schizophrenics. Kris asserted that the artist only temporarily regressed to primary process thinking. While the creator could control his regression, that of the schizophrenic person was insidious and overwhelming. Kris coined the phrase, "regression in the service of the ego" as a description of what he believed was a creative thought process.²⁴

Kris's concept of the creative process was widely touted. It seemed to explain the "leaps of imagination," and intensity found in great works of art. However, as the twentieth century draws to a close, not all of Kris's beliefs have gone unchallenged. Even so, his insight that the thought processes of schizophrenics and artists are not identical has stood the test of time.

It is now understood that primary process mechanisms do operate in the symptomology of schizophrenics. These include autistic thinking, neologisms, hallucinations, and "word-salads."²⁵ However, according to Albert Rothenberg, the thought processes of artists show none of these characteristics. Neither do artists' thoughts resemble those of a dreamer. He wrote:

If art derived its power primarily from its resemblance to dreams, we might well have dispensed with art some time ago and only reproduced, viewed and contemplated dreams themselves.²⁶

During the nineteen-seventies, Rothenberg spent over seventeen hundred hours interviewing Nobel laureates in science, Pulitzer and other literary prize-winning writers, and prominent visual artists. He examined their diaries, sketchbooks, and worksheets and asked them about the

thoughts going on in their minds when they were actually in the throes of creative fervor. Rothenberg concluded:

Unconscious material in art does not result from a direct outpouring of unconscious derivatives during the creative process... Ego processes are themselves focused on formal aspects of a work of art; they have a good deal to do with determining formal structures, and they also serve to unearth unconscious material that is incorporated into the content of the work... The focus on form is present throughout. Form itself stimulates unconscious processes.²⁷

Rothenberg concluded that most of his subjects engaged in a strategy which he called "Janusian thinking" in honor of the Roman god Janus who was represented as having two faces. He described this stratagem as the creative ability to conceive of multiple opposites or antitheses simultaneously. Rothenberg's opposites were not inharmonious. They were specifically opposite to each other and the opposition involved reciprocity as well as difference. He described oppositional thinking as being an intentional or secondary thought process, in Freudian terms.²⁸ It was Rothenberg's contention that the artists, Max Ernst, Marc Chagall, René Magritte, and Salvadore Dali consciously depicted opposition and antithesis in their creative thought processes. He believed that creativity involved more than creative thinking alone. His definition

of creativity also required the creation of a work that contained "something of the new" and was of value.²⁹

The Freudians were not the only researchers who have been interested in examining the work of artists. As early as 1926, Graham Wallas, in a now famous study, investigated the stages of creative endeavor. He described four phases. They included: 1) preparation, including the acquisition of relevant artistic skills or scientific information; 2) incubation, during which a strong emotional need to create interacted subconsciously with the artist's skill or information; 3) illumination, the period of time in which the "happy idea" occurred; and 4) concretization, when the pending work achieved its final form.³⁰

Wallas described his second stage of incubation--in which thought went underground--as a time when problems were worked on unconsciously. He believed this to be true both in scientific and in other types of creative endeavor. The work of Wallas appeared to lend support to the theories of Freud, Kris, and their followers. They viewed primary thought processes as making an important contribution to an artist's work.

In 1937, another study was carried out by Catharine Patrick. She reported that the four stages described by Wallas were less distinct than he had represented them to be. Patrick noted that artists often tried out a number of different ideas and chose the one that tended to recur to them.³¹ This observation did not support Wallas's notion of incubation. However, several decades later it would have something in common with Rothenberg's concept of Janusian thinking. He reported that, it [Janusian thinking] "operated during the long sequences of revising, shaping, and working out" [creating the product].³² Neither Patrick nor Rothenberg reported the spontaneous generation of ideas such as would support the stage of illumination described by Wallas. Both Rothenberg and Patrick tended to view creation as a whole rather than divided into four separate stages.

All of the researchers and theorists discussed above held in common the belief that creativity resulted in an identifiable achievement or tangible product of value. They reported that creative artists and scientists included both stable and unstable individuals who were dedicated workers. Some of the researchers concluded that creative persons experienced both primary and secondary process modes of

thought, while others believed that only primary (unconscious) process thinking was involved.

Creativity: The Contemporary View

The concept of creativity understood to be synonymous with imagination and originality (rather than the creation of a product of value) has not been the focus of attention to any extent until recent times. In 1883, Sir Francis Galton wrote Inquiries into Human Faculty. This book introduced the contemporary method of studying individual variation in imagination. Although the tome was well received, interest in the subject soon waned. There was one exception. C.E. Spearman published Creative Mind in 1930 but it, too, caused only a brief flurry of interest.³³

Creativity finally gained entrance as a legitimate entity for study through the "back door" of research on the concept of intelligence. Originally, only highly intelligent people were believed to engage in creative thought. However, L.M. Terman's study of eminent historical figures--including artists and scientists--indicated that their average intelligence quotient was only 135. This surprised researchers who had anticipated an average of

somewhere between 170 and 200.³⁴ They began to look for other explanations to account for creative thought.

In the late nineteen-forties, L.L. Thurstone and his students at the University of Chicago instigated creativity research by analyzing intelligence test composites into multiple factors. They extended their work into areas which were not covered by intelligence tests. While investigating "fluency of writing," they claimed to have identified two new fluency factors. These were ideation of fluency and verbal versatility.³⁵

J.P. Guilford at the Psychological Laboratory of the University of Southern California was also active in research work on creative abilities. Guilford believed that creativity was a component of intelligence. He developed a three-dimensional model entitled "The Structure of Intellect." Guilford identified several factors as being important for creative thinking. (They were identified above in chapter one.) It was his farewell address to the members of the American Psychological Association in 1950 that proved to be the crucial impetus for so much research on the creative thought process.³⁶

The National Science Foundation

Nineteen-fifty was also the year that the National Science Foundation was established by an act of the United States Congress. The first major action taken by the Foundation was to set up a graduate fellowship program. Members of the selection committee sought to improve their procedures for choosing applicants. Their objective was to identify the students who had the most potential for making future creative contributions to science.³⁷

The National Science Foundation commenced research through the National Academy of Sciences--National Research Council--to study and perfect the procedures of the selection committee. The research began in 1952 under Calvin W. Taylor and continued after he was succeeded by Lindsey R. Harmon in 1954.³⁸

It is now clear that when the research was conducted, members of the National Science Foundation and the researchers had male students in mind as recipients of the fellowships. Although women were not specifically excluded, neither is there any reason to believe that they were given equal consideration.

On November 14, 1953, L.L. Thurstone presented a paper at a conference on criteria of success in science. It was conducted by the Research Advisory Committee of the Office of Scientific Personnel, National Academy of Sciences--National Research Council. Calvin W. Taylor was the director of the research program to which the paper was addressed. Thurstone opined:

I should like to make the suggestion that the selection of young men for fellowships be done by a committee of men who have themselves discovered something in science. They should not just be men who are personally acceptable as teachers and counselors. The committee should consist of men who are themselves obviously creative in science... Perhaps a number of senior men in American science can be induced to contribute some time to such a project in hope of discovering early some of the stars in the next generation of American science.³⁹

While Thurstone had previously suggested that an effort be made to discover scientific talent residing in the nation's smaller schools,⁴⁰ nowhere did he suggest that women should be included. Since almost all scientists during the nineteen-fifties were men, it is not unreasonable to assume that they would discover "stars" of the future who resembled themselves.

The National Conferences on Creativity

Calvin W. Taylor left the National Science Foundation in 1954 to direct a program of research in creativity at the University of Utah in Salt Lake City. Communication between Taylor as a representative of the university, and Bowen C. Dees and Harry Kelly, two representatives of the National Science Foundation, led to the first of five bi-annual conferences on creativity. The University of Utah served as host for all five conferences which were financed by the National Science Foundation.⁴¹

Serving with Calvin Taylor as members of the selection and steering committee at the first (1955) conference were Benjamin Bloom, J.P. Guilford, and Donald Taylor. The theme of the conference was "The Identification of Creative Scientific Talent." At the 1957 meeting, one of the major topics was the distinction between creativity and productivity. By 1959, the study of creativity as a thought process had become so popular that references were actually made to the "Creativity Movement."⁴²

The stated purpose of the conferences was to learn about the fundamental nature of creative scientific talent in order to measure it. In addition, the participants were

interested in determining how to foster creativity. The conferences offered an excellent place for presenting papers and research reports. All fifty-two reports and nine of the statements from subgroups in the series were initially printed in a limited edition by the University of Utah Press.⁴³

At the time that J.P. Guilford issued his challenge to psychologists to study creative imagination, only 186 out of 121,000 topics listed in Psychological Abstracts dealt with the issue. By 1965, there were 4,276 references listed and at least 3,000 of them were dated after Guilford's 1950 speech.⁴⁴ Obviously, all of the information on the contemporary view of creativity as a thought process can not be considered here. However, there is a roster of men who were prominent in the early contemporary creativity field.⁴⁵ Several of them will be considered below.

The Contemporary Creativity Gurus

J.P. Guilford was a former United States Air Force Psychologist. He had directed the Air Corps research on the topic of combat crew selection. While Guilford was serving in World War II, he realized that his profession was well equipped with intelligence tests, yet it had no means to

test the type of intelligence that he defined as creativity. Guilford's research interest was in the nature of the thinking process involved in creativity. He derived his divergent production factor after analyzing the responses to intelligence tests.⁴⁶

Rothenberg examined Guilford's work but was not particularly impressed. He wrote:

Operationally, capacity for divergent response to open ended questions that have no single appropriate answer differs from convergent-production, appropriate response to questions with a defined solution...While the divergent-production construct has the advantage of being operationally defined...there is no explanation of the appropriateness or of the effectiveness of any particular divergent response...divergent production is quite general and nonspecific to creativity.⁴⁷

As previously stated, Guilford also identified the factors of fluency, flexibility, originality, elaboration, and evaluation as important in creative performance. Guilford's research implied a new way of perceiving creativity. Understood as a process, the concept was totally different from that of creativity viewed as an eminent achievement. Defined as a thought process, it was plausible that creativity could be fostered.⁴⁸

Guilford was not the only person who viewed traits or characteristics as important for creative thought.

Independent of Guilford, Henry A. Murray at Harvard contributed what many believed to be a significant instrument of observation in the study of imagination. It was known as the Thematic Apperception Test (TAT). The TAT permitted originality of verbal composition to show itself. The respondent was not presented with alternatives devised by the test writers but had to summon ideas from within the self. Scoring of the test allowed latitude for individual expression.⁴⁹

The Institute of Personality Assessment and Research at the University of California in Berkeley served as a setting for the work of Frank Barron. In 1954, he submitted a research proposal centering on the topic of originality to the Carnegie Corporation in New York. At that time, John W. Gardner⁵⁰ was president at Carnegie. Gardner suggested that Barron broaden his topic to include the study of highly creative people in order to seek clues to the nature of the creative process in their lives and personalities. An entire research program grew out of Barron's original proposal and was supported financially for ten years by the Carnegie Corporation.⁵¹

As a psychologist, researcher, and educator, Barron had a unique approach to the study of creativity. He was concerned with "person" and with "process" as they related to one another in "psychic creation."⁵² Barron believed that measuring personality traits was not enough, but that the development of the human form and evolution of the human mind were the objectives of creativity research. Therefore, he concluded that it was necessary to enter into a relationship with the subjects he observed. Explaining his view, he wrote:

Indeed, a person is a form in process, and the evolution of the self in a creative person is an instance of the creative process in motion.⁵³

Barron chose to study creative writers and did so by a "living in assessment method." The writers spent three days living at the Institute's quarters, interacting with the psychologists, and taking a battery of tests. Fifty-six writers out of 101 who were invited took part in the research. Thirty of the 56 participating authors were of high reputation.⁵⁴ (Among those who "self-identified" publically were Truman Capote, Frank O'Conner, MacKinlay Kantor, Norman Mailer, and Kenneth Rexroth.)⁵⁵

Barron pointed out that the writers "made their mark" not only by their pens, but through the impact of their personalities as well. Clearly in awe of his famous subjects, Barron observed that "none of them sat still to be studied."⁵⁶ It was not surprising that the writers were found to have the traits of intelligence, verbal fluency, expressiveness, autonomy, and productivity, to name just a few.⁵⁷ (See the endnote for a more complete list.)

The identification of creative, scientific talent was the focus of Calvin W. Taylor's work. He collaborated with Barron fitting together research observation with the nature of the process of scientific creativity itself. They reported that highly regarded young scientists possessed the following attributes: 1) superior intelligence; 2) a commitment to identifying esthetic and philosophic meaning in experience; 3) independent judgement, a strong need for perceptual closure combined with resistance to premature closure; and 4) appreciation for their own intuition.⁵⁸

A former student of Henry Murray, Donald W. MacKinnon became one of the directors of the Institute of Personality Assessment and Research in Berkeley. MacKinnon believed that if the students with creative potential could be

identified, they could be taught to be creative. Therefore, he carried out an analysis of personality and environmental determinates of creativity.⁵⁹

From his study of American architects, MacKinnon determined that the creative personality was composed of twenty-two specific traits. These included such characteristics as being civilized, friendly, pleasant, sincere, and serious.⁶⁰ (See the endnote for the entire list.) Meredith Skura, commenting on these attributes, noted that the creative artist was revealed as a "formidably wholesome character out of the self-improvement books."⁶¹

Perhaps one of the most influential men in the contemporary creativity movement has been E.P. Torrance. An American educator, he was concerned with the identification and description of creative individuals. He believed that it was important for creativity to be viewed scientifically and sought to explain it in a way that permitted objective observation and movement.⁶² To that end, he wrote:

I defined creativity as the process of becoming sensitive to problems, deficiencies, gaps in knowledge, missing elements, disharmonies, and so on; identifying the difficulty; searching for solutions, making guesses or formulating hypotheses about the deficiencies; testing and retesting them; and finally communicating the results.⁶³

Torrance listed sensitivity to problems, ideational fluency, flexibility, originality, and penetration as components of creative thinking.⁶⁴ In an effort to measure creative traits, he developed a battery of instruments--the Minnesota Tests of Creative Thinking. They called for the production of divergent solutions, identification of multiple possibilities, and other types of thinking theoretically involved in creative endeavor.⁶⁵

Lateral thinking, a term introduced by Edward De Bono, was viewed by him as being distinct from vertical thinking. He stated that vertical thinking consisted of remaining rigidly in a framework and thinking along established lines. In contrast, De Bono claimed that lateral thinking was generative--producing ideas without valuing them--and therefore, characterized by a suspension of judgement. He suggested that the techniques of consciously reversing relationships, forming analogies, and "brainstorming" would enable one to acquire the skill of lateral thinking. It was soon recognized as a component of the creative process.⁶⁶

De Bono's work was reminiscent of that of A.F. Osborn's Applied Imagination⁶⁷ and W.J.J. Gordon's

Synetics.⁶⁸ Beginning with the nineteen-fifties, industrial firms made use of these authors' techniques in an attempt to stimulate novel approaches to designing and marketing new products. Managers encouraged employees to put forward any suggestions that came to mind, however irregular, not stopping to evaluate them. This exercise was called "free wheeling" or acting on the principle of referred judgement.⁶⁹

Both free wheeling and brainstorming owed something to Freudian theory since the participants were instructed to relax all restraints and give free rein to creative imagination. There was no scientific proof that such methods were productive. However, they have spread from the world of commerce into college classrooms including those in schools of nursing.

In order to fully understand the contemporary view of creativity, it was necessary to familiarize myself with the writing of M.J. Parsons. Parsons rejected all connection between creativity and the production of a valuable work. He stated that it was the capacity to create, not the product, which was of primary interest when attributing creativity. Parsons concluded that if two people were

observed to use the same techniques in carrying out identical procedures, it could be assumed that they were engaged in similar thought processes.⁷⁰

Parsons also believed that there was a distinctive creative process that differed from ordinary, logical thinking. This type of thinking was spontaneous, divergent, and generative. It involved the suspension of judgement and called for leaps of imagination and rule breaking. He suggested that some people might be able to engage in this process with greater ease than others because they possessed the right combination of cognitive and personality traits. Parsons felt comfortable referring to some nonproductive persons as creative because he believed they had the capacity to engage in the creative thought process.⁷¹

According to Parsons, the ability to engage in the creative process was an attribute possessed by a person. The creative person employed a specific type of irrational thinking. His description of irrational thinking had much in common with De Bono's concept of lateral thinking. Parson's conclusion that cognitive personality traits were linked to creative thinking had also been asserted by

Guilford, Thurstone, Murray, Barron, Taylor, MacKinnon, and Torrance.

However, there were some problems with both the research methods and conclusions of the psychologists who examined the concept of creativity from the contemporary perspective. Referring to MacKinnon's study on architects, Skura commented:

The data presented in such studies are extremely difficult to interpret, depending as they do on the researcher's definitions (how do you define the "creative person" before testing his personality attributes--by the number of things he has produced? by their quality? by other personality attributes?) and on his techniques. Moreover, the number of people carrying out such research is relatively small, so that creativity studies referring to the "facts" about artists are actually drawing on material gathered by only about three researchers.⁷²

It was difficult to determine exactly what was being measured by the tests. One of the researchers, MacKinnon, himself, admitted as much when he acknowledged:

They fail to reveal the extent to which a person faced with a real life problem is likely to come up with solutions that are novel and adaptive and which he will be motivated to apply in all of their ramifications.⁷³

Although there actually were more than three researchers engaged in creativity studies, this was not always obvious. It was the work of the prominent

psychologists that was widely read. Also, while a few of the lesser known researchers sometimes included women in their studies, their reports were invisible.⁷⁴ The research of Guilford on United States Air Force pilots, Barron on writers, and MacKinnon on architects was carried out on male subjects. Their results and conclusions made a major impact in the fields of psychology and education.

It should be remembered that during the nineteen-fifties and sixties when the early creativity research was conducted, most of the Air Force pilots and architects were men. However, even Frank Barron, who studied creative writers, made no mention of including women in his sample of subjects.⁷⁵

Contemporary Creativity Tests and Women

Barron did not discount women entirely, however. In 1969, in the same book in which he published his study of creative writers and MacKinnon's research on the attributes of architects, Barron devoted a chapter to "Creative Women."⁷⁶ In it, he discussed the "puzzle" of the extraordinary predominance of men among the great creators in the arts and sciences. Barron mentioned Virginia Woolf, giving cursory attention to her explanation that women were

denied the opportunities their talent needed for expression. He observed that women's "situation" was fast improving and suggested:

We may discover whether some deeper psychological (biological-spiritual) motive arising from the biological basis of sexuality may not be playing a part as well. Perhaps there are fundamental and virtually unalterable correspondences between biological functions in procreation and male and female differences in creativity in the psychic sphere.⁷⁷

Barron did not report on any actual creative women, but concerned himself with "potentially creative young women" [emphasis, mine].⁷⁸ He began his report by looking backward rather than forward and discussed a 1954 study of Vassar alumnae (graduates of the class of 1929) which had been conducted by Nevitt Sanford. In reporting on the study, Barron often sounded condescending toward the women. For example, he wrote that though the Vassar women were highly intelligent, they were also sweet and good looking, so got married, sometimes more than once. He observed that the story of the marriage and the story of the life were one and the same, as was seldom true for men.⁷⁹ Finally, Barron acknowledged that the focus of research in the Vassar studies was not really upon creativity. In fact, he admitted that the questions on the concept that arose from

the study were really incidental.⁸⁰ In this he spoke truthfully. Two examples of these questions follow:

1. How does she [the Vassar graduate] perceive herself in relation to her husband's life work and his [emphasis Barron's] creativity?
2. Is [her] creative activity outside the marriage a rejection of husband and family? Is it seen as such by them? By her? Does it arise from unhappiness from within the family, or does it stem from a desire to grow and bear fruit in all ways possible?⁸¹

No answers to the questions were reported by Barron. Therefore, it was not possible to learn anything about the creativity of members of Vassar's class of 1929 from the discussion. Perhaps it was just as well. The tone of the questions suggested that any desire on the part of the women to be both procreative and creative was viewed by the researchers as an aberration.

Barron also discussed a research project conducted at Mills College in the late sixties by Revenna Helson. Helson used the same "living in" assessment method employed by Barron and MacKinnon in their respective studies of the creative traits of writers and architects. Helson found few significant differences between potentially creative⁸² senior class women at Mills and the writers and architects studied by the two men. On the Barron-Welsh Art Scale, the

women scored above the creative writers and just below the architects.⁸³

Barron reminded the reader that there was a possibility that the Art Scale was not as reliable a predictor of the artistic abilities of women as of men.⁸⁴ While this came across as wistful thinking on his part, it may very well have been true. A research study conducted by H.J. McWhinnie also suggested as much.⁸⁵

A certain "femininity of interest pattern" had long been found in creative males.⁸⁶ It was feasible that creative women would have a masculine interest pattern if androgyny was important for creative thinking. However, it must be remembered that the tests written and administered by the contemporary creativity theorists were designed only to measure personality traits. They claimed to predict a person's potential for engaging in a creative thought process. A high score on any test did not indicate that one had ever actually created anything of value or that one would ever do so.

Barron also related that in comparison to the controls (Mills classmates with less creative potential) the creative Mills seniors who took the Minnesota Multiphasic

Personality Inventory (MMPI) had higher scores for Hypomania, Paranoia, and Schizophrenia. Their Rorschach Tests indicated personal instability, and in personal interviews, the potentially creative students acknowledged feeling empty, desolate and alone. Barron suggested that this negative picture might exist because the young women were aware of their creative potential but also realized that society would demand that they sacrifice either their femininity or their intellectual creativity.⁸⁷

Summary and Conclusion

Creativity is a concept for which diverse definitions and explanations have been proposed. Literally thousands of articles and books have been written to deal with the questions of who was creative, and how, when, where, and why creativity took place. No one definition was definitive because creativity has been defined in two dissimilar ways.

The classical view of creativity had to do with significant achievement occurring against the background of knowledge and expertise. The early Greeks believed that once an artist was engaged in the formation of his work, the muse or imagination took over and turned the creation into something splendid. It was necessary for the created work

to be judged valuable before creativity was actually ascribed. The inspired artist was believed to suffer from a form of "madness" but this was in no way confused with insanity (psychosis).⁹⁸

Recent studies have confirmed that creative artists and scientists have a higher incidence of both emotional and physical problems than the general public. It has been suggested that many of them have been able to use their pain as a source of insight that enriched their work. However, there was no evidence that mental illness could account for creativity.

Artists, psychologists, and thoughtful people have long debated whether creativity involved conscious or unconscious thought processes. Today, most people who ascribe to the classical view of creativity believe that both processes are involved.

In 1950, a renewed interest in creativity was sparked in members of the American Psychological Association by J.P. Guilford, the then outgoing president. At the same time that psychologists and educators began to study the concept, both the government and private foundations made funds available to support their research.

The contemporary creativity theorists defined creativity in a new way--as a novel, unrestrained thought process. The ability to think creatively was believed to be linked to a set of personality traits found in male pilots, architects, and writers. However, other studies of "creative persons" had also been conducted and there was no consensus among the researchers as to which characteristics were definitive for creative thought.

Although the majority of the researchers and subjects involved in the contemporary creativity movement were men, there were a few women who participated. Their work was mostly invisible. It was believed that the important creative and scientific work had been done by men because of their biological and social advantages. As the decade of the sixties drew to a close, none of the creativity theorists challenged the belief that intelligent, educated women must choose between their creativity and their femininity. That women could both create and procreate might have been too threatening to contemplate.

Notes

¹The nine muses were Calliope, Muse of Epic Poetry and Eloquence; Clio, Muse of History; Erato, Muse of Love Poetry; Melpomene, Muse of Tragedy; Terpsichore, Muse of Lyric Poetry and Dance; Polyhymnia, Muse of Mime; Euterpe, Muse of Flute Playing; Thalia, Muse of Comedy; and Urania, Muse of Astronomy. See Plantamura, Women Composers, 2-3; Also, Thomas Bullfinch, Mythology (Original work pub. in 1855) ed. E. Fuller (New York: Dell Publishing, 1959).

²The poet Anthony Hecht was quoted as saying, "The muse has been with me and collaborating with great fervor." New York Times, 23 January 1983, 33; Also, the muse of history was referred to in another article: "History at least can save from severe disillusion those to whom every 'new' idea or polity appears in the guise of a beautiful virgin. Clio, the muse of history, has known these meretricious hussies since the days of Herodotus. She has been around a lot and a long time. She knows that most of them are no better than they should be. In fact, she knew them when." See "A Wise Woman Clio!" New York Herald Tribune, 10 October 1946.

³See Carl G. Jung, ed., Man and His Symbols (New York: Doubleday and Company, 1964).

⁴See John Gedo, Portraits of the Artist: Psychoanalysis of Creativity and Its Vicissitudes (New York: The Guilford Press, 1983).

⁵See Denise Shekerjian, Uncommon Genius (New York: Viking, 1990).

⁶Plato, *Ion* 543b.

⁷Aristotle quoted in Seneca, Tranquility of Mind, trans. W. B. Langsdorf (New York: Putnams, 1900), 90-91; Aristotle's original remark is not retrievable. It is usually quoted in Seneca's Latin rendition: "Nullum existat

magnum ingenium sine mixtura dementiae fuit." See Seneca, *Diloquorum Libri* 9-10.

⁸Aristotle *Nicomachean Ethics* 4. 1140a5.

⁹Plato *The Republic* 601d.

¹⁰Commenting on Plato's correlation of contraries, Simone Weil compared it to the physicist Niels Bohr's concept of the complementarity--the wave aspect and the corpuscle aspect of matter. See Simone Weil, *The Simone Weil Reader*, ed. George A. Panichas (New York: David McKay Company, 1977).

¹¹See Albert Rothenberg, *The Emerging Goddess: The Creative Process in Art, Science, and Other Fields* (Chicago: University of Chicago Press, 1979).

¹²*Ibid.*; Weil, *The Simone Weil Reader*.

¹³Weil, *The Simone Weil Reader*.

¹⁴See Balin, *Achieving Extraordinary Ends*.

¹⁵See [Henry] Havelock Ellis, *A Study of British Genius* (London, England: Hurst and Blackett, 1904).

¹⁶March hares were known to be "mad." The term originated because buck hares are wild frolickers in March, their breeding season, which has made them a synonym for lunacy over the centuries. See *Encyclopedia of Word and Phrase Origins* (1987), s.v. "mad as a March hare."

¹⁷See Rothenberg, *The Emerging Goddess*.

¹⁸Philip Sandblom, *Creativity and Disease: How Illness Affects Literature, Art and Music* (New York: Marion Boyers, 1992), 180.

¹⁹Kay Redfield Jamison, *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* (New York: The Free Press, 1993).

²⁰*Ibid.*, 104.

²¹Rothenberg, The Emerging Goddess.

²²Sigmund Freud, "Creative Writers and Day-dreaming." In Complete Psychological Works of Sigmund Freud Vol. 9 (original work published in 1908), London, England, 1959), 143-153.

²³See Rothenberg, The Emerging Goddess.

²⁴See Ernst Kris, "The Psychology of Caricature," in Psychoanalytic Explorations in Art (New York: International Universities Press, 1952).

²⁵See Ruth Beckmann Murray and M. Marilyn Wilson Huelskoetter, Psychiatric/Mental Health Nursing: Giving Emotional Care (Englewood Cliffs, NJ: Prentice-Hall, 1983). Also, Rothenberg, The Emerging Goddess.

²⁶Ibid., 348.

²⁷Ibid., 351.

²⁸Ibid.

²⁹Ibid.

³⁰Graham Wallas, The Art of Thought (London, England: Jonathan Cape, 1926).

³¹Catharine Patrick, "Creative Thought in Artists," Journal of Psychology, 4 (1937): 35-73.

³²Rothenberg, The Emerging Goddess, 346.

³³See Calvin W. Taylor and Frank Barron, eds., Preface to Scientific Creativity: Its Recognition and Development (New York: John Wiley and Sons, 1963), xiii.

³⁴See Catherine Cox, The Early Mental Traits of Three Hundred Geniuses (Stanford, CA: University Press, 1926).

³⁵Taylor and Barron, Scientific Creativity, Preface.

³⁶See Barron, Creative Person and Creative Process; Taylor and Barron, Scientific Creativity.

³⁷Ibid.

³⁸Ibid.

³⁹L. L. Thurstone, quoted in Calvin W. Taylor, ed., Widening Horizons in Creativity: The Proceedings of the Fifth Utah Creativity Research Conference (John Wiley and Sons, 1964), 16.

⁴⁰Ibid.

⁴¹Taylor, Preface to Widening Horizons in Creativity, ix-xvi; Taylor and Barron, "History and Acknowledgments: The First Three Utah Conferences on the Identification of Scientific Talent," chap. in Scientific Creativity, vii-xi.

⁴²Ibid.

⁴³Ibid.

⁴⁴Barron, Creative Person and Creative Process, 3.

⁴⁵Ibid.

⁴⁶Ibid.; Also, see J. P. Guilford, "Factor Analysis in a Test Development Program," Psychological Review 55 (1948): 70-94; J. P. Guilford, "Creativity," American Psychologist 5 (1950): 444-454.

⁴⁷Rothenberg, The Emerging Goddess, 12-13.

⁴⁸Ibid.

⁴⁹See Barron, Creative Person and Creative Process; Also, H. A. Murray and P. R. Christensen, The Thematic Apperception Test Manual (Cambridge, MA: Harvard University Press, 1943).

⁵⁰John W. Gardner has had a major influence on American education. He authored Excellence: Can We Be Equal and Excellent Too? (New York: Harper and Row, 1961).

⁵¹Barron, Preface to Creative Person and Creative Process, v-viii.

⁵²Ibid., vi.

⁵³Ibid., vi.

⁵⁴The authors agreed to live three days at the Institute where they submitted to four major interviews. These covered their 1) life history; 2) professional field; 3) philosophy of life; and 4) openness to the irrational or the nonrational in individual experience. In addition, they took a battery of "objective" tests, including the Minnesota Multiphasic Personality Inventory (MMPI), The California Psychological Inventory (CPI), the Barron-Welsch Art Scale, the Rorschach, and the Myers-Briggs Type Indicator, based on C. G. Jung's theory of psychological types. See Barron, Creative Person and Creative Process, Chap. 1, 9-17, Chaps. 7, 8, and 9, 63-104.

⁵⁵Well-known works of these authors include: Capote's Breakfast at Tiffany's, O'Connor's Dutch Interior, Kantor's Andersonville, and Mailer's The Naked and the Dead. Kenneth Rexroth was invited to be a member of the group, based on his early importance in the "beat" literature of the era. He used the invitation to collect a commission on an article exposing the "folly" of studying creative writers. See "The Vivisection of a Poet," The Nation 185, no. 20 (1957): 450-453. In general the writers were rather "testy" about being asked to participate in the study. On an average, five letters were exchanged between the writer and the Institute before the subject agreed to participate. According to Barron, the less well known the creative writer, the more hesitant he was to take part in the project. See Barron, Creative Person and Creative Process, 63-64.

⁵⁶Barron, Preface to Creative Person and Creative Process, vi.

⁵⁷The researchers conducting the interviews did not know the writers. The creative writers were found to have the following characteristics: intelligence, independence, autonomy, and verbal fluency; They were esthetically reactive, productive, philosophical, and had high personal

aspirations. They had varied interests, unconventional thought processes, appeared straightforward, were candid, behaved ethically, and were consistent in their own personal standard. See Barron, Creative Person and Creative Process.

⁵⁸Taylor and Barron, Scientific Creativity.

⁵⁹See Donald MacKinnen, "The Personality Correlates of Creativity: A Study of American Architects," Proceedings of the XIV International Congress of Applied Psychology, vol. 2, G. S. Nielsen, ed. (Copenhagen, Denmark: Munksgaard, 1962), 11-39.

⁶⁰These included the traits of being "alert, artistic, intelligent, responsible, ambitious, capable, cooperative, civilized, dependable, friendly, pleasant, resourceful, active, confident, industrious, reliable, conscientious, imaginative, reasonable, enterprising, independent with wide interests, adaptable, assertive, determined, energetic, persevering, sincere, individualistic, and serious." See Meredith Skura, "Creativity: Transgressing the Limits of Consciousness," Daedalus 109, no. 2 (Spring 1980): 130.

⁶¹*Ibid.*, 130.

⁶²E. Paul Torrance, "Scientific Views of Creativity Affecting Its Growth," Daedalus 94, no. 3 (Summer 1965): 663-681.

⁶³*Ibid.*, 663.

⁶⁴Each of these traits is defined in June T. Bailey, Frederick J. McDonald, and Karen E. Claus, "Evaluation of the Development of Creative Behavior in an Experimental Nursing Program," Nursing Research 19, no. 2 (March-April 1970): 100-108.

⁶⁵See E. Paul Torrance, Guiding Creative Talent (Englewood Cliffs, NJ: Prentice Hall, 1962); E. Paul Torrance, Education and Creative Potential (Minneapolis: University of Minnesota Press, 1963).

⁶⁶Edward De Bono, Lateral Thinking (London, England: Ward Lock Educational, 1970).

⁶⁷Alex F. Osborn, Applied Imagination (New York: Scribner 1953).

⁶⁸W. J. J. Gordon, Synetics: The Development of Creative Capacity (New York: Harper, 1961).

⁶⁹See The Encyclopedic Dictionary of Psychology (1983), s.v. "Creativity."

⁷⁰M. J. Parsons, "White and Black and Creativity." British Journal of Educational Studies 19 (1971), 5-16.

⁷¹Ibid.

⁷²See Skura, "Creativity," 144, note 15.

⁷³See Donald W. MacKinnen, "Education for Creativity: A Modern Myth?" in J. Freeman, Creativity: A Selective Review of Research 2nd ed. (London, England: Society for Research into Higher Education, 1971), 26.

⁷⁴Ravenna Helson's study of the personality traits of male and female mathematicians is not well known.

⁷⁵At the time that Barron reported on his study of creative writers, he did mention that Ravenna Helson had conducted research on the personality characteristics of both male and female mathematicians. However, her work got little subsequent attention. The contemporary "creativity movement" in academia was composed mostly of men. See Barron, Creative Person and Creative Process; In his report on the Fifth Utah Creativity Research Conference, Calvin Taylor included a photograph of the major participants. Only one token woman appeared in the center of the picture. She was Lois-ellin Datta of the General Electric Company. This company supported research on creative problem solving. See Taylor, Widening Horizons in Creativity.

⁷⁶See Barron, Creative Person and Creative Process, Chap. 10, 105-113.

⁷⁷Ibid., 106.

⁷⁸Ibid.

⁷⁹Ibid.

⁸⁰Ibid.

⁸¹Ibid., 108.

⁸²Ibid.

⁸³Ibid.

⁸⁴Ibid.

⁸⁵H. J. McWhinnie, "A Study of the Relationships Between Figure Preferences for Complexity-Asymmetry and Preference in Works of Art in Fourth, Fifth, and Sixth-grade Children," Scientia Paedagogica Experimentalis 4, no. 2 (1967), 209-230.

⁸⁶See Barron, Creative Person and Creative Process; Also, N. Berdyaev, The Meaning of the Creative Act, trans. D. A. Laurie (New York: Harper and Row, 1954).

⁸⁷Barron, Creative Person and Creative Process.

⁸⁸Barron observed, "The 'divine madness' that the Greeks considered a gift of the gods and an essential ingredient in a poet was not, like psychosis, something subtracted from normality; rather, it was something added." Barron, Creative Person and Creative Process, 72-73.

CHAPTER IV

A CRITIQUE OF THE CONTEMPORARY VIEW

There have been serious problems with the contemporary definition of creativity. By the nineteen-sixties, a number of educators and psychologists understood creativity to be intimately bonded with originality. They believed this bond resulted in the generation of novelty. This perception prohibited the evaluation of a created product because it was thought that any new creation was necessarily disconnected from the old, the usual, and the accepted.¹ Therefore, it was reasoned that value could not be objectively determined as there were no standards to use for the purpose of evaluation. Carried to the extreme, this line of thinking culminated in the conclusion and the creation of a product was not even a necessary part of creativity.² Consequently, creativity was not characterized as the making of a valued product but was understood as a manner of thinking which was identified as a process.³

The creative thought process was described as being different from ordinary thinking.⁴ The differences as

understood by contemporary creativity theorists have been summarized by Balin:

Ordinary thinking... is characterized by logic, habit, rigidity, strict judgment, and the adherence to previously established rules and patterns. Creative thinking... is marked by leaps of imagination, irrational processes, rule-breaking, the suspension of judgment, and the spontaneous generation of ideas.⁵

It was believed that because some persons possessed specific traits, they would be better able to participate in the creative process. In other words, creativity was understood as an attribute of persons regardless of their achievements or lack of them.⁶ Due to this notion, considerable time and effort have been devoted to determining which personality traits creative persons possessed.⁷

Numerous studies were made of individuals. These included the architects, pilots, writers, and scientists listed above. All of them were engaged in work assumed to require the use of creative thought.⁸ Once the personality characteristics of these "creative" persons were determined, tests were designed to identify students with similar personality traits for the purpose of developing their creative potential.⁹ Although most of the research was conducted on adult males, universality was claimed for their

attributes.¹⁰ The same tests that were developed to identify creative potential in males were administered to females. The assumption that creative men and women possessed identical personality traits was questioned by psychologists but never resolved.¹¹

A thorough investigation of the concept of creativity indicated, to me, that the modern view had other defects. In order to explain the conceptual confusion surrounding creativity, its various aspects will be examined below.

Originality and Novelty

Art

It was never the newness--the originality or novelty--of a creation that was its main element.¹² In order to recognize that something was new, it had to first be altered in some way from the old. The new was different from the thing out of which it developed. Even so, it would not have been possible to recognize something as new nor to make a judgment of originality if there was not a recognition of similarity in addition to difference.¹³

Examples of similarity in creative work can be found in the world of art, specifically in music. Ignor Stravinsky's L'Oiseau de feu (The Firebird) and Le Sacre du

printemps (The Rite of Spring) are striking examples of musical compositions which are deemed original. Stravinsky was a leader in the revitalization of European rhythm. Even so, there are similarities between his work and that of previous composers.¹⁴ According to Joseph Machlis:

In harmony, Stravinsky reacted against the restless chromaticism of the Romantic period, but no matter how daring his harmony, he retained a robust sense of key.¹⁵

In the work of other musical geniuses, it was less clear what would constitute originality. Donald Grout, in commenting on the compositions of Johann Sebastian Bach, George Händel, Jean Rameau, and Antonio Vivaldi, observed:

All were aware of the new currents in musical thought though none was a deliberate revolutionary in his own music. All worked within the established forms and styles of the late Baroque, and their originality consisted chiefly in doing things in a uniquely excellent way.¹⁶

What was most significant about the compositions for the men listed above was not their novelty. Rather, it was the profound skill that these composers demonstrated in perfecting them. Balin asserted that, "Originality of form is not always what we are primarily interested in with regard to a piece of music nor the prime criterion for its evaluation."¹⁷

Neither was it necessary for a painter's style to be original in order for one of his works to be declared a masterpiece. Thomas Gainsborough, the English portrait and landscape painter broke no new ground. Yet, his light and airy portraits in which shades of blue and green predominated became world renowned. Among his famous painting was The Blue Boy. Also, Rembrandt's most popular works were his self-portraits which he painted throughout his career. While they served to record the various phases of his stylistic development, it was the profound humanity of his art which became so highly valued. The works of Gainsborough and Rembrandt exemplified the style which was prevalent in their era, yet, each produced works so perfectly accomplished that his reputation was guaranteed.¹⁸

Although Gainsborough and Rembrandt were famous for the excellent quality of their work, it might be assumed that the artists of the twentieth century sought to make names for themselves by producing novel works that broke with the past. However, modern artists left no proof that they set out to do that. In retrospect, the paintings of the French Impressionists appeared innovative but the methods they employed were carried out as experiments in

portraying the various effects of light in nature.¹⁹

Portraits of nature were routine work for artists of their generation. No intentional, radical break in the artists' technique was evident.

Claude Monet, a leader in plein-air painting merely eliminated black and brown from his palate and achieved light effects by means of broken color. He and his fellow Impressionists--Marie Bracquemond, Mary Cassatt, Edgar Degas, Berthe Morisot, Camille Pissaro, Pierre Renoir, and Alfred Sisley--had been influenced by the work of Edouard Manet who "painted light," calling his method peinture claire. These artists were followed by the post-Impressionists who were instrumental in depicting psychological reactions to the recording of light.²⁰

The significant conclusion to be drawn from the exploration of originality in the arts was that there existed no proof that creative works were discontinuous with the past. The "originality" of some artistic productions consisted of the perfection of a known style, rather than a break with that style. Even those changes in technique that were thought to be radical could be interpreted as continuous with the traditions from which they emerged.

Balin conducted a study of the place of originality in artistic work. She concluded:

The originality of creative products is valued primarily because it provides the possibility for new types of solutions of existing problems and for opening up new directions for exploration. It is in the end the significance of the work that counts, and this is judged against the background of existing traditions....²¹

Science

A second domain of human creative endeavor has been that of science. Contemporary creativity theorists have insisted that significant scientific theories were revolutionary in nature. In 1970, Thomas Kuhn made an argument for the existence of discontinuity in theory change. He wrote:

The new paradigm... emerges all at once, sometimes in the middle of the night, in the mind of a man deeply immersed in crisis. What the nature of that final stage is--how an individual invents (or finds he has invented) a new way of giving order to data now all assembled--must here remain inscrutable and may be permanently so.... The resulting transition to a new paradigm is scientific revolution....²²

In other words, Kuhn described revolutionary science as radical in its departure from the prevailing model. Of necessity, it discarded the presuppositions which served as the foundation for the old paradigm. Kuhn believed that an entirely new framework was required because the new model

was not a logical outgrowth of the previous one. Rather, he envisioned it as a fundamentally changed way of viewing events. Therefore, Kuhn did not believe that the new paradigm could be measured by any of the same standards that were applied to the old.²³

Kuhn's description of revolutionary science did not fare well under scrutiny. From a historical perspective, scientific discoveries that appeared to be revolutionary actually had a taproot in the paradigm of the previous theory.

According to Jagdish Hattiangadi, Newton was reflecting upon the theories of his time when he developed the law of gravitation.²⁴ Likewise, Einstein took as a point of departure some of the ideas he had previously rejected in order to arrive at a new hypothesis.²⁵ Harold Brown concluded, "Einstein consciously built his new theory on a foundation provided by the classical physics he was overturning."²⁶

The physicist, Fritjof Capra stated that when a scientific theory was overthrown and a new paradigm emerged, it was still related to the old one, although this might not be evident at the time. Capra pointed out that the new

scientific theory did not invalidate the old one in an absolute way. For instance, quantum theory did not prove that Newtonian physics was wrong but only demonstrated its limitations. (In the sphere of macroscopic phenomena, Newtonian physics is still the best model available.)²⁷ It appeared that when scientists went beyond the range of a theory's validity, they were not adverse to an addendum. According to Capra, when a new scientific theory first emerged, the range of its validity was unknown. It was only when the old theory was no longer adequate to explain the phenomena that a new theory was developed and a scientific revolution took place. René Weber acknowledged:

Science is conservative. It doesn't easily allow a whole theory to be overthrown. It's the last thing it wants to happen.²⁸

It was conclusive that in the domain of science, as in that of art, the claim that created products and attainments were discontinuous with the past and broke completely with tradition could not be supported. However, Kuhn's assertion that creativity in science was typified by "an increasingly detailed and refined understanding of nature"²⁹ did have some merit. A new paradigm did not necessarily do in a superior manner what the old one did,

but did something that was to some degree distinctive. In addition to an element of similarity to the previous paradigm, the new model also had an element of difference. This difference was not important because it was novel; it was prized because it broadened the field of investigation and enabled scientists to conceptualize new hypotheses.

Value

Value has been described as the worth of an entity. In order for a creation to have value, it had to be useful or esteemed for its own sake; a thing of intrinsic worth. The contemporary definition of creativity did not require a product or an attainment of value in order for creativity to be ascribed. The modern view was based on the belief that no objective standards existed for the purpose of evaluating the work or attainment. Novelty and a rudimentary break with the past were thought to be intrinsic to the concept. However, the assumption that novelty and radical change were required was examined above and shown to be faulty. Therefore, it was not surprising to learn that objective criteria for the evaluation did exist. They were contributed by the disciplines out of which they evolved.³⁰ Balin concluded:

It is the overall aims of a discipline, its overarching problems and guiding methodology, and its general criteria for assessment which are the basis for determining the significance of creative products, even those which depart from some aspect of the tradition as it exists.³¹

Art

In the domain of art, both the development of the tradition and the departure from the tradition--in a manner which facilitated evolution in a new direction--were valued. The work of the musical geniuses of the Baroque period were esteemed because each composer wrote superb pieces in his own unique manner. For example, Johann Sebastian Bach, a titan in the history of art, was compelled to conquer all the realms of musical thought of his time. In summing up Bach's contributions, Machlis wrote:

His position in history is that of one who consummated existing forms rather than one who originated new ones. Whatever form he touched he brought to its ultimate development.³²

Also, as mentioned above, the masterpieces of Gainsborough and Rembrandt were famous because of the unsurpassed quality of their work. They met the high standard of perfection.

Conversely, the paintings of the late nineteenth century Impressionists eventually came to be valued because they developed a new way to portray the effects of light.

Their methods were not without precedent, however. In 1924, John Constable of England created a sensation when his landscape, The Hay Waine, was displayed at the Louvre. Constable worked from nature and was the first artist to use broken color. His artistic freedom was truly remarkable for his day.³³ Even so, his work was viewed merely as a novelty and his technique never caught on. The Impressionists--at first reviled--became popular by the latter part of the same century. Their work captured the spontaneous and transitory effects of light and color. By painting with the eye rather than the mind, they made a formal break with the school which preceded them. In so doing, they expanded the scope of art.

Balin observed that it was the quality of contending with technical problems in the development of art--both in defining and attempting to solve them--which was valued. Innovation was significant only for where and why it occurred. It had to set the discipline on a new course and awaken its members to new possibilities.³⁴ The oil paintings of the Impressionists met these standards. Therefore, their created works were deemed highly valuable.

Science

The mistaken belief that there were no objective standards by which to measure the value of created work spread from art into science. At one time it was thought that a scientific theory could be proven by evidence gathered through the use of observation, inductive reasoning, and experimentation. A theory was accepted when it was proven by the scientific method. It was understood that a validated theory could provide an accurate picture of the world.³⁵

The belief that a scientific theory could be proven came under serious criticism, however. As early as the eighteenth century, David Hume asserted that inductive reasoning was illogical.³⁶ Since he demonstrated that inductive inference could not be justified, there was no rational basis for accepting one theory over any other. Additionally, even the definition of a fact came under suspicion. What one learned through direct observation was shown by N. R. Hanson to be a theory laden activity. He explained how perceptual organization depended upon previous experience and contained conjectural suppositions.³⁷

Albeit, even if Hume and Hanson were granted their assertions, it was not necessarily correct that no objective assessment of scientific theories could be made. While it was not possible to attest to the truth of a particular theory, this did not mean that no grounds for assessing scientific theories existed.

As shown above, Kuhn's assertion of the discontinuity between scientific paradigms could not be supported. Scientists no longer believed that it was possible to have all of the right answers. Even complete theories--quantum mechanics, special relativity, and Newtonian physics--which were no longer tentative were understood to be proximate and limited. It became well known within science that theories were improved in successive steps and that knowledge did not change in an arbitrary way.³⁸

Since new paradigms always had something in common with the old ones, these continuities provided a basis for the assessment of the new theory. In addition, Harvey Siegel successfully argued that while no one theory could be proven to be the method of science, scientific method actually rested in the general principles of evaluation. Siegel wrote:

Scientific Method [SM] can and should be characterized generally, as consisting in, for example, a concern for explanatory adequacy, however that adequacy is conceived; and insistence on testing, however testing is thought to be best done and a commitment to inductive support, however inductive inference is thought to be best made. In short, changes in specific views about the construal [sic] of various aspects of SM are not sufficient to show that the aspects themselves have changed. Methodological constancy does not involve specific construals [sic] of various evaluative criteria but rather a general commitment to such criteria, however construed.³⁹

Stated clearly, Siegel believed that a constant commitment to the evaluation of theories based on principles of appraisal themselves--a commitment to evidence--was what described the scientific method. His definition of the scientific method allowed it to go beyond the limit of any theory. If such standards of evaluation did not exist, it would not be possible to debate theories.⁴⁰

There was ample evidence that in both art and science, appraisal could be made of created products and major attainments because there was no abrupt break between them and their antecedents. This was true when a product or attainment was highly acclaimed for its excellence, as well as when it was touted for its innovation. It was the objectives and total purpose of a discipline which actually

determined the standards for the ascription of creativity. This held true for both artistic and scientific creations.

The Three P's: Product, Process, and Person

Contemporary theorists did not place equal emphasis on "The Three P's" of creativity. They deemphasized created products (and major attainments) because they believed that standards for evaluation did not exist. In place of focusing on the product, modern theorists stressed the importance of the "creative process" and championed the "creative person."

As previously stated in chapter three, creative thought processes were believed to be different from ordinary thinking. The two types were divergent (lateral, irrational) and convergent (vertical, rational) thought. Edward De Bono made a clear distinction between them:

Everyone recognizes the extreme usefulness of logical [rational] thinking but many people are unaware that new ideas come about in a different way.... The logical way of using the mind is tremendously effective at developing ideas once they have come about, but it is not so good at generation of ideas.⁴¹

De Bono believed that for the production of novel ideas, free-form, lateral thought was necessary. Therefore, courses designed to enhance creativity attempted to foster lateral thinking.⁴²

As previously stated, M. J. Parsons was an educator who valued the capacity to create, rather than the product. He believed that people who possessed the requisite personality traits engaged in an irrational thought process and, therefore, were creative. Parson's contemporary view was hotly disputed by J. P. White. Writing in the British Journal of Educational Studies, he insisted that the ascription of creativity was dependent upon the production of a product. He stated, "Creative is a medal which we pin on public products, not the name of private processes."⁴³ White suggested that the value of the product could be determined according to the criteria of a specific discipline. He pointed out that there was no way to prove that there was a specific thought process common in all instances to which society attributed creativity.⁴⁴

Earlier, David Perkins considered the possibility that the principle cause of creative block lay in the failure to examine a large enough variety of options. In his study of poets, Perkins learned that those who were most highly rated did not consider many alternatives in the process of composing their rhymes. In fact, he discovered that there was an inverse relationship between the quantity

and the quality of the ideas they considered. He concluded that without a clear and high standard to begin with, most of a poet's notions were inadequate.⁴⁵

Balin, who concluded that there was no difference between creative thinking and other kinds of thinking, interpreted the work of Perkins as lending support to her viewpoint. She asserted:

Extraordinary means are not necessary in order to achieve extraordinary ends.... It is rather, the skill with which ordinary thinking processes are used and the purposes to which they are put which enable outstanding results to be achieved. This assimilation of creative thinking with everyday thinking does not demean the nature of creativity. Rather, it suggests that what is special about creativity lies in what is achieved rather than how it is achieved, that it concerns product more than process.⁴⁶

The belief that certain people may have more creative personalities than others has also been called into question. In 1986, Robert W. Weisberg thoroughly examined Donald MacKinnon's studied of architects.⁴⁷ Weisberg pointed out that MacKinnon's research contained a good match between creative and comparison groups. The creative group was considered to be composed of the very "cream of the architectural crop." There was little difference in traits between them and their associates--the less creative

architects--that made up one of the two control groups. In fact, on the MMPI, CPI, and the Study of Values tests, they were exactly the same except that on the Study of Values, the less creative architects scored higher on the economic scale than the creatives.⁴⁸

According to Weisberg, MacKinnon's study implied that there were no particular personality traits which would lead architects to manifest genius in their field. Weisberg pointed out that MacKinnon's research was seldom interpreted to have such negative results because there were large differences in creativity and eminence between his three study groups on other types of tests. However, to answer the question of whether or not character traits were linked to creative genius, only the personality tests were decisive.⁴⁹

Weisman's conclusions were important even though they referred to only one research study--Mackinnon's. Donald MacKinnon's work was the standard--the one most cited in the literature to bolster the contemporary theory of creativity. (The lack of differences between the personality traits possessed by the creative architects and their less creative associates has usually been completely ignored.)⁵⁰

The work of Howard Gardiner also failed to support contemporary creativity theory. He identified numerous human intelligences which acted autonomously. These included bodily-kinesthetic, linguistic, logical-mathematical, musical, personal, and spatial intelligence. Gardiner suggested that the ability to function with a high level of competency in a creative domain was independent of the degree of ability in other domains. The contemporary creativity theorists had conducted studies indicating that persons with creative personalities possessed specific traits. However, they made no mention of more than one creative domain. Therefore, it was often inferred that all creative tasks were similar and that one type of personality had the capacity to accomplish them all. Gardiner disagreed.⁵¹

Both Balin and White believed that linking any type of creativity with specific creative capacity was problematic.⁵² To paraphrase White, if a monkey splashed paint on a canvas in a way that an elm tree could not and a school child engaged in the same activity in a way that the monkey could not, it did not mean that either the monkey or the child had produced anything of value. The ascription of

creativity was reserved for the creation of a product or the completion of a major attainment judged significant in its particular context. The belief that certain persons could be deemed creative without producing anything could not be supported. It rested on the supposition that there was a particular creative thinking process which was different from other types of thinking. However, there was no evidence to support that assertion.⁵³

Habits Versus Expertise

Rules and Skills

Contemporary creativity theorists were known for their aversion to rules. The breaking of rules was understood by them to be necessary in order for the creative thinking process to take place. A terse statement by De Bono summed up their position:

Too much experience within a field may restrict creativity because you know so well how things should be done that you are unable to escape to come up with new ideas.⁵⁴

De Bono asserted that Knowledge of the rules could be detrimental to creativity. It appeared that he had confused adhering to rules with activity which was habitual. Skills have sometimes been misunderstood as being identical with

habits. Balin has pointed out that William James perceived habit to be supportive of most human activity.⁵⁵ He wrote:

Habit is thus a second nature... at any rate as regards its importance in adult life; for the acquired habits of our training have by that time inhibited or strangled most of the natural impulsive tendencies which were originally there. Ninety-nine thousandths of our activity is purely automatic and habitual.⁵⁶

However, the research of Gilbert Ryle made it clear that when an activity was carried out by habit, it was accomplished automatically without the doer having to mind the performance. Conversely, when a skill was performed, Ryle noted that:

A person's performance is described as careful or skillful if in his operations he is ready to detect and correct lapses, to repeat and improve upon successes, [and] to profit from the examples of others....⁵⁷

Ryle's description of skilled activity indicated that it was possible to work within the rules of a discipline and at the same time produce creative work. As previously concluded, there was no need for a drastic break between working within the rules and going beyond them.⁵⁸ Even Kuhn appeared to agree with the suggestion that knowledge of the rules is important. He stated:

The productive scientist must be a traditionalist who enjoys playing intricate games by pre-established rules

in order to be a successful innovator who discovers new rules and new pieces with which to apply them.⁵⁹

Balin concluded that it was usually an expert working within a discipline at an advanced level who identified the necessity of going beyond the rules in order to attain a major achievement. She wrote that the distinguishing feature of a creative performance appeared to be that it was carried out by a master with a comprehensive grasp of the discipline.⁶⁰

Knowledge

A tenet of the contemporary view of creativity was that knowledge along with experience in a discipline was detrimental because it limited one to the present mode of thinking and prevented a necessary perceptual shift. The results of Weisberg's research did not support that belief. He concluded that increased knowledge had a positive effect on problem solving and actually enhanced it.⁶¹ In addition, Edgar Zilsel, a sociologist of science claimed that the possession of both knowledge and experience by the same persons was necessary for creative achievement.⁶²

According to Zilsel, under European feudalism it was not possible to develop the experimental method of science. He explained that the division of labor between the workers

who tilled the soil and the landed gentry, as well as the intellectuals, was so great that members of the higher class were neither willing nor able to engage in the type of labor necessary to carry out scientific experiments. Of course the peasants lacked the requisite knowledge to do so. Therefore, it was not until the emergence of a social class of artisans in the fourteenth century that knowledge was both increased and in the possession of skilled, working people.⁶³

Commenting on Zilsel's account, Sandra Harding wrote:

The technique [experimental observation] was not invented by Galileo, Bacon, Harvey, Kepler, and Newton; they only used and refined it. Science's new way of seeing the world developed from the perspective of the new kind of social labor of artisans and inventors of modern technologies.⁶⁴

The assertion that knowledge, along with rules and skills, was necessary for creative achievement had the ring of truth. Knowledge did not need to lock individuals into an antiquated frame of reference. Instead, it could facilitate the transcendence of rules for major creative attainments.

Arthur Koestler, an historian of ideas and a scholar in the general area of intellectual biography would agree. He wrote a monumental volume The Act of Creation. In it, he

claimed, with considerable support, that one has to know a lot about the old to recognize the new. He concluded that great insights occurred only in minds that were sufficiently prepared--drenched in the relevant scholarly disciplines.⁶⁵

Summary and Conclusions

The stimulus for much of the modern research into creativity had its origin in the belief that creativity could be cultivated.⁶⁶ Therefore, it appeared fitting to summarize the problems with the contemporary view by examining its implications for the current methods of fostering creativity.

Contemporary creativity theorists claimed that creativity was an attribute of persons who possessed cognitive or personality traits such as originality, fluency, and flexibility which enabled them to engage in the creative thought process. It was not claimed that this attribute would necessarily result in the creation of any product. Rather, creativity was defined as an explicit process of thought marked by novelty, leaps of imagination, irrational processes, rule breaking, the suspension of judgment and the spontaneous generation of ideas.

The adoption of the contemporary view resulted in a profusion of courses and curricula purporting to encourage creativity. They promoted novelty, suspension of judgment, and brainstorming for the purpose of acquiring lateral thinking. In addition, it resulted in attempts to promote creativity as an isolated psychological process rather than linked to specific disciplines.⁶⁷

It has been argued by Balin and reiterated above that no distinctive process of creative thought that was different from other types of thought could be found. Therefore, the belief that creativity was linked with personality traits instead of with the actual creation of products was incongruous. Creativity was not an isolated psychological process but a manifest achievement which evolved within the impelling traditions of a discipline. Creative achievement did not require novelty, but rather, a high order of expertise. The greater the depth of an individual's education and experience, the more probable it was that he or she would not only identify the need for making changes in rules and procedures of a discipline, but would also possess the knowledge and skills required to make them.⁶⁸

It was concluded that there were serious defects in the contemporary view of creativity. Hence, the teaching methods based on it may actually have distracted persons who were pursuing the knowledge, rules and skills necessary for the production of creative work.⁶⁹ The excessive emphasis that the contemporary definition of creativity placed on novelty also guaranteed that some truly creative work was unrewarded on the pretence that it was not novel. That much of this unrecognized work was produced by women was hardly a coincidence.⁷⁰

Notes

¹Women's work was still judged, however, and often deemed unoriginal. Bernice Carroll commented, "There is something about women who try to engage in intellectual, scholarly and creative work which elicits from many of their biographers a sense of obligation to comment negatively on the quality and originality of their contributions." See Bernice A. Carroll quoted in Amazons, Bluestockings and Crones, eds. Cheris Kramarae and Paula A. Treichler with Ann Russo (London, England: Pandora Press, 1992), 316.

²See M. J. Parsons, "White and Black and Creativity," British Journal of Educational Studies, 5-16.

³Ibid.

⁴Edward DeBono, Lateral Thinking (London, England: Ward Lock Educational, 1970).

⁵Balin, Achieving Extraordinary Ends, 3.

⁶Parsons, "White and Black and Creativity." 5-16.

⁷See J. Freeman, Creativity: A Selective Review of Research 2nd ed. (London, England: Society for Research into Higher Education, 1971).

⁸Barron, Creative Person and Creative Process.

⁹See D[onald] W. MacKinnon, "Genus Architectus Creator Varietas Americanus," American Institute of Architects Journal (September, 1960): 31-35. Also, D[onald] W. MacKinnon, "Fostering Creativity in Students of Engineering," Journal of Engineering Education 52 (1961): 129-141.

¹⁰See Barron, Creative Person and Creative Process.

¹¹Ibid.

¹²Balin, Achieving Extraordinary Ends.

¹³Ibid.

¹⁴Joseph Machlis, The Enjoyment of Music, 5th ed. (New York: W. W. Norton and Company, 1984).

¹⁵Ibid., 478.

¹⁶Donald J. Grout, A History of Western Music (New York: W. W. Norton and Company, 1980), 402.

¹⁷Balin, Achieving Extraordinary Ends, 15.

¹⁸The Columbia-Viking Desk Encyclopedia, 3rd ed. (1968) s.v. "Gainsborough, Thomas;" "Rembrandt [Harmenszoon van Rijn]."

¹⁹Ibid., s.v. "Impressionism." Also, see Robert L. Pincus, "Based on the Past, Impressionism was Painting's Future." San Diego Union Tribune, 13 November 1994.

²⁰Ibid., s.v. "Impressionism;" "Manet, Edouard;" Also, see Judy Jones and William Wilson, An Incomplete Education (New York: Ballantine Books, 1987), 73-74; Jude Welton, Eyewitness to Art: Impressionism (New York: Dorling Kindersley, 1993).

²¹Balin, Achieving Extraordinary Ends, 31.

²²Thomas Kuhn, The Structure of Scientific Revolutions, 2nd ed. (Chicago: University of Chicago Press, 1970), 89-90.

²³Ibid.

²⁴Jagdish Hattiangadi, "The Vanishing Context of Discovery," in Scientific Discovery, Logic, and Rationality, ed. T. Nickles (Dordrecht, The Netherlands: D. Reidel, 1980), 257-265.

²⁵Albert Einstein, Relativity: The Special and the General Theory (New York: Crown Books, 1960).

²⁶Harold Brown, Perception, Theory and Commitment: The New Philosophy of Science (Chicago: Precedent Publications, 1977), 138.

²⁷Fritjof Capra, "The Tao of Physics Revisited, " interview by René Weber in The Holographic Paradigm and Other Paradoxes, ed. Ken Wilber (Boulder, CO: Shambhala, 1982): 215-248.

²⁸Ibid., 225.

²⁹Kuhn, Structure of Scientific Revolutions, 170.

³⁰Balin, Achieving Extraordinary Ends; J. P. White, "Creativity and Education: A Philosophical Analysis," British Journal of Educational Studies 16 (1968): 123-137.

³¹Balin, Achieving Extraordinary Ends, 4.

³²Machlis, the Enjoyment of Music, 385.

³³The Columbia-Viking Desk Encyclopedia, 3rd ed. (1968), v.s. "Constable, John."

³⁴Balin, Achieving Extraordinary Ends, 31.

³⁵Ibid.

³⁶David Hume, Treatise of Human Nature (Original work published in 1739) vol. 1, ed., D. G. C. MacNabb (London, England: William Collins, Sons, and Company, 1962), part III, section VI.

³⁷N. R. Hanson, Patterns of Discovery (Cambridge, England: Cambridge University Press, 1958).

³⁸Capra, "The Tao of Physics Revisited," 224-225.

³⁹Harvey Siegel, "What is the Question Concerning the Rationality of Science?" Philosophy of Science 52 (1985): 528.

⁴⁰Balin, Achieving Extraordinary Ends.

⁴¹Edward De Bono, New Think (New York: Basic Books, 1968), 2.

⁴²Robert W. Weisberg, Creativity: Genius and other Myths (New York: W. H. Freeman and Company, 1986).

⁴³White, "Creativity and Education," 126.

⁴⁴Ibid.

⁴⁵David Perkins, The Mind's Best Work (Cambridge: Harvard University press, 1981).

⁴⁶Balin, Achieving Extraordinary Ends, 76.

⁴⁷Weisberg, Creativity.

⁴⁸Ibid.

⁴⁹Ibid.

⁵⁰Ibid.

⁵¹Howard Gardner, Frames of Mind: The Theory of Multiple Intelligences (New York: Basic Books, 1983).

⁵²Balin, Achieving Extraordinary Ends; White, "Creativity and Education."

⁵³White, Reply to Parsons, in Parsons, "White and Black and Creativity."

⁵⁴Edward De Bono, Practical Thinking (Middlesex: Penguin Books, 1969), 228.

⁵⁵Balin, Achieving Extraordinary Ends.

⁵⁶William James, Talks to Teachers of Psychology (New York: Henry Holt and Company, 1908), 64.

⁵⁷Gilbert Ryle, The Concept of Mind (London, England: Hutchinson of London, 1949), 42.

⁵⁸Balin, Achieving Extraordinary Ends.

⁵⁹Thomas Kuhn, The Essential Tension (Chicago: University of Chicago Press, 1977), 237.

⁶⁰Balin, Achieving Extraordinary Ends.

⁶¹Weisberg, Creativity.

⁶²Edgar Zilsel, "The Sociological Roots of Science," American Journal of Sociology 47 (1942).

⁶³Ibid.

⁶⁴Sandra Harding, The Science Question in Feminism (Ithica, NY: Cornell University Press, 1986), 218.

⁶⁵Arthur Koestler, The Act of Creation (New York: MacMillan, 1964.)

⁶⁶Torrance, "Scientific Views of Creativity," 633-681.

⁶⁷Balin, Achieving Extraordinary Ends.

⁶⁸Ibid.

⁶⁹Ibid.

⁷⁰Novelty is one of the political terms used by "gatekeepers" to exclude women from the ranks of major achievers. Other words include: Innovative, first rank, excellent, and creative, itself. See Kramarae and Treichler, Amazons, Bluestockings and Crones, 316. Also, according to Dorothy Ludlow, novelty and originality are denied to women because, "If they followed the men's lead, they were imitators--and probably second-rate ones, at that; if they did not ape men, then they are historically unimportant because no one knows about them." Dorothy P. Ludlow quoted in Kramarae and Treichler, Amazons, Bluestockings, and Crones, 316.

CHAPTER V

CREATIVITY, NURSING, AND NURSING EDUCATION

Just over four decades ago, the conservative mood of American voters--fearful of communism and frustrated over the Korean conflict--resulted in a sweeping victory for the G.O.P.¹ Their candidate, Dwight D. Eisenhower, won the presidency and the Republicans also controlled both chambers of Congress. Although Eisenhower experienced no public demand for social reform, he did create the Department of Health, Education, and Welfare in 1953. The members of this department were to play a pivotal role in convincing Congress to fund nursing education in the United States. Prior to the 1952 election, Congress had also established the National Science Foundation which was to underwrite so many of the creativity conferences in the following decades. As a result of these forums, the concept of creativity became widely accepted throughout academia. Eventually, it would be adopted by nursing.²

Creativity and Education

World War II had set most of the creativity research in motion. With the declaration of peace, military psychologists--including J.P. Guilford--who had headed the testing and selection programs in the various branches of the military establishment returned to their academic careers. They were determined to research human potential for creativity. Perhaps the intense interest in the concept by former military men was a form of "reaction formation."³ Frank Barron, active in the contemporary creativity movement, observed:

We must face the fact that as a nation we are armed to the teeth, with little guns and big ones. The problem of social control of our own great force presents us as a people with an unprecedented responsibility.⁴

Many psychologists viewed the role of creativity as critical to the process of socialization. Barron noted that the very words "violence" and "vitality" exhibited the two Janis-like faces of force. (The Latin root of force is vis).⁵

Violence was viewed as the destructive aspect of the life force; vitality was interpreted as the life force channeled into a creative form. Americans came out of the decade of the "fighting forties" in a hopeful mood, supportive of

creativity studies. Unfortunately, the new definition of creativity ignored its feminine aspect--the creation of a product. Process without product would not equal vitality.

Even so, courses in creative thinking multiplied rapidly. Classes in creative problem solving were soon offered in such centers of learning as the University of Buffalo, Drake University, Macalester College, the University of Minnesota, the University of Utah, and Wayne State University.⁶ Other psychology departments and adult education centers offered courses in creativity to adults who requested them. In addition, major business organizations, as well as the military services, and the United States Veterans Administration sponsored workshops and in-service training for creative thinking.⁷ The years between 1958 and 1968 comprised a golden decade for creativity research and testing. They overlapped the dozen years between 1952 and 1964 which were so important in the professionalization of nursing.

Research and Nursing Education

Although Florence Nightingale had conducted and published her research during the Crimean War, Lillian Wald wrote about the innovative experiment in public health

nursing, and Margaret Sanger published birth control data, very little nursing research was carried out in the early period of modern nursing.⁸ This has been partly attributed to the fact that nursing schools had no independent financial backing in the United States. Physicians and administrators established hospital schools in which nursing students provided patient care for the privilege of receiving informal traditional training. During this era, nursing functioned as a service discipline. At the time, medicine was also semiscientific.⁹

However, as medicine developed into a modern scientific system, its achievements were astonishing. Countless diseases were eliminated through immunology, parasitology, and the discovery of vitamins and antibiotics. In addition, insulin and the human growth hormone were discovered, and advances in anesthesia and antiseptics encouraged the development of new surgical techniques.¹⁰ The prestige of modern medicine was greatly increased. The new medical and technical advances made nursing care more complex and required new knowledge and skills. As nursing moved from the hospital schools into the universities, nurses sought to base their practice on a body of scientific

knowledge and realize their goal of achieving professional status.

Following World War II, biomedical advances and the concomitant increase in available hospital beds resulted in a nursing shortage.¹¹ At the same time, student labor began to make up a diminishing component of the total nurse staffing in American hospitals. In 1954, approximately 20 percent of positions for registered nurses required a master's degree. Another 30 percent demanded at least the baccalaureate. Against this estimate, only one percent of all registered nurses had earned master's degrees and slightly over seven percent were prepared at the bachelor's level. This discrepancy was appalling and private philanthropy attempted to ameliorate the situation. The Commonwealth Fund underwrote a National League for Nursing (NLN) fellowship program for nurses earning their master's and doctoral degrees. Over 200 nurses were prepared as administrators, educators, and researchers under this program between 1955 and 1963.¹²

The first major attempt to provide federal aid to nurses was not effected until Congress passed the Health Amendments Act of 1956. Under Title II, registered nurses

were funded for full time study between 1957 and 1964. A short-term program was also initiated in 1960 to allow nurses to upgrade the skills they needed to maintain their positions.¹³

During these years, biomedical research of disease flourished. Both governmental agencies and industrial companies gave it their support. It soon became obvious to nurses that research into the practice of nursing would also be essential if the health needs of modern America were to be met. However, there were few opportunities for professional nurses to use their unique wisdom and skills in generating new knowledge. Nursing research opportunities had not kept pace with the health requirements of the public.¹⁴

In 1950, the American Nurses' Association (ANA) House of Delegates approved a research program designed to enable nurses to study their peer relationships as well as their nursing functions. The research was to be conducted in tandem with social scientists and members of other allied professions. Also, in 1955 the ANA formed a membership corporation, the American Nurses' Foundation, which was organized for charitable, scientific, and educational

purposes. It solicited tax deductible gifts from other organizations and the public. One of its many objectives was to provide research grants to graduate nurses.¹⁵

Nursing also launched a scholarly journal, Nursing Research, in 1952. It became essential reading for the profession's growing cadre of researchers. Impressed with the effort the profession was making to produce bona fide researchers, the United States Public Health Service Division of Nursing Resources originated an extramural grants program in nursing research in 1956. It emphasized applied research. This was the first instance of federal funds being made available specifically for nursing research.¹⁶

In the early nineteen-twenties, a doctoral program in nursing had been established at Teachers College, Columbia University. A second one was initiated at New York University in the School of Education in 1954. If nurses were to conduct research, it was imperative that additional doctoral programs be made available to them. However, preparation at that level for nurses was slow to "catch on." It was not until 1964 that the Doctor of Nursing Science (DNS) degree in several nursing specialties was offered at

the University of California at San Francisco and a new trend began to take shape.¹⁷

The Nursing Shortage--A Blessing in Disguise

In January of 1961, John F. Kennedy took office, proclaiming: "The torch has been passed to a new generation of Americans--born in this century... and unwilling to witness or permit the slow undoing of those human rights to which this Nation has always been committed."¹⁸ One right that Americans had claimed for themselves was the access to competent nursing care when it was needed.

During World War II, a shortage of nurses had almost resulted in their conscription. It finally occurred to the Washington power elite that nurses were essential to a successful war effort. Stimulated by the threat of a draft, nurses had responded with an overwhelming number of applications to serve in the armed services. By 1945, when Florance A. Blanchard, Superintendent of the United States Army Nurse Corp returned from Europe, she was actually confronted with a nurse surplus. Thereafter, guaranteeing that there would be an adequate number of nurses to meet both civilian and military needs without risking an oversupply was considered to be a challenge.¹⁹

In 1961, the Surgeon General of the United States Public Health Service appointed the Special Consultant Group on Nursing. It was to advise him on nursing requirements and to determine the federal government's proper role in meeting the country's need for nursing care. In their report, the Consultant Group concluded that the nation faced a critical problem in ensuring adequate nursing services in the near future. A lack of financial resources was deemed to be the fundamental issue. In the opinion of the consultants, the nursing shortage could not be solved without federal assistance.²⁰

Partly as a result of the above report, in February 1964, a bill proposing nursing school construction grants, student loans, and scholarships was introduced in the House by Congressman Oren Harris of Arkansas. The bill received strong support from members of the Department of Health, Education, and Welfare, and the ANA. It passed both houses and was signed into law by President Lyndon Johnson. The bill was extended in 1968. Although the ANA had recommended aid for collegiate schools of nursing, including construction grants, a large portion of the money was set aside to finance two year junior college programs and

diploma schools of nursing.²¹ This had to be a disappointment to nursing's leaders who desired to upgrade the profession by increasing the number of nurses prepared at the baccalaureate and master's levels.

In 1965, the ANA approved a position paper that stated:

The education for all of those who are licensed to practice nursing should take place in institutions of higher education: minimum preparation for beginning professional nursing practice should be a baccalaureate degree; minimum preparation for beginning technical nursing practice should be an associate degree in nursing....²²

It was generally felt by the leadership that practical nursing and hospital diploma programs should be phased out and that all nurses should be prepared in two and four year collegiate schools. As a result, the conflict between the proponents of the various programs intensified.²³

Although dissention existed, American nursing was finally getting a share of the government funds previously enjoyed by the subsidized schools of medicine, pharmacy, education, law, and engineering. While Congress was now acting to guarantee an increase in the supply of nurses, shortages still existed as the health care industry continued to "grow like Topsy."²⁴

Creativity and Nursing Education

In 1960, nursing was a fledgling profession engaged in a struggle to establish itself. It was understandable that its leaders were impressed with the new creativity gurus. Guilford, Taylor, Torrance, De Bono, and Parsons were men who declared that creativity was a scientific process, proceeded to measure its characteristics, and promoted its traits as their main educational goals.²⁵ Professor Calvin W. Taylor, former head of the National Science Foundation and director of a research program in the psychology department at the University of Utah joined the Committee on Awards of the National League for Nursing (NLN) Fellowship Program. He also served on the NLN Advisory Committee on Research and Studies during the early sixties. Taylor contributed an essay on creativity to the Nursing Outlook in 1963.²⁶ Thereafter, the concept of the creative process became an increasingly popular topic in the nursing literature.²⁷

In 1964, a nurse educator, Pansy Nigh Torrance²⁸ [not to be confused with E. Paul Torrance], published the results of her research conducted at St. Mary's School of Nursing, a three-year hospital diploma program in Minneapolis,

Minnesota. Pansy Torrance defined creativity as, "the abilities required in becoming aware of problems, thinking up possible solutions and testing and modifying them." This definition was that of E. Paul Torrance who had claimed that it was "scientific."²⁹

Concerned because critics had alleged that nursing education reduced the creativity of its students, Pansy Torrance chose to administer a battery of the E.P. Torrance "creative thinking tests" at St. Mary's to three groups of freshman students and then retested them as seniors. The tests called for the production of divergent solutions and multiple possibilities.³⁰

Students who took the tests were assigned six "tasks" that required the production of divergent solutions. (Pansy Torrance described these as being "off the beaten track.")³¹ An example of one of the tasks follows:

Unusual uses...List the cleverest, most interesting and most unusual uses you can think of for this toy dog other than as a plaything. The uses can be of the toy dog as it is or as it can be changed, but the uses must be other than as a plaything.³²

Torrance felt that common responses were those that included "party decoration" or "pin cushion." Her examples of unusual responses (indicating divergent thinking) were

"bottle warmer" or "door stop."³³ She gave no explanation as to why using a toy dog as a door stop was more divergent (creative) than using it as a pin cushion would be.³³

In a discussion of problem solving, Torrance wrote that she had assigned each of her nursing students to describe a nursing "incident," state how she had solved the problem involved, and suggest other ways she might have acted in the situation. Torrance claimed to be particularly impressed with the response of one student who related "multiple possibilities" when dealing with a common situation.³⁴ The student had put the following question to a patient with wilted flowers:

"Did you want to save those flowers on your window sill for any special reason? I noticed they look quite wilted." She said, "No, I guess not. They're dead anyway." I then said, "Would you like me to dump them out for you?" She said, "Okay," and I did it. She didn't have to decide on her own whether to throw them out or not.³⁵

The student then listed several ways she could have handled the situation and why she did not choose them. They included: 1) dumping the flowers and not telling the patient; 2) mentioning the appearance of the flowers and asking the patient the patient to dump them out; 3) telling the patient in a blunt way that her flowers looked terrible

and that she, the nurse was dumping them out; 4) hinting that the flowers were in bad shape, but not suggesting that they be thrown out; and 5) avoiding the entire issue by allowing the flowers to remain for someone else to deal with. The nursing student felt that in all of the options except the one she took, she would be either neglecting her duty, hurting the patient's feelings, or disrespecting the patient's wishes.³⁶

Again, Torrance did not relate why she felt that the responses of this student were excellent. Although the student did provide six behavioral options for a nurse who was faced with a patient's wilted flowers, they were quite commonplace. There was no evidence that the student engaged in any thought process other than an ordinary one.

Pansy Torrance tested three groups of students. Based on their responses to the type of tasks listed above, she determined that in their senior year, the mean score for each of the three groups was higher than it had been in their freshman year. Therefore, Torrance concluded that the creative thinking abilities of nursing students showed growth rather than impairment as a result of their schooling.³⁷

In her study, Torrance included no control groups of similar students who did not participate in a nursing program.³⁸ As a result, it was probable that the test scores actually told us nothing about the effects of St. Mary's nursing program or the "creative thinking" abilities of its students.

Pansy Torrance also studied three sample groups of students to determine if the diploma nursing program might be eliminating the more creative students. She discovered that in two of the groups, members who completed the program had scored significantly higher on the flexibility factor as freshman than those members who had dropped out. For the third group the results were reversed. Torrance suggested that overall, a weak argument could be advanced that nursing students who graduated, tended to be more flexible in their thinking than were those who failed to earn their diplomas.³⁹

It should be remembered, however, that even if the test scores were significant, the instruments used by Torrance only measured personality traits. They did not indicate that the senior nursing students at St. Mary's School of Nursing had actually created anything. This fact

did not concern many nurses. They accepted Torrance's report with enthusiasm and eagerly embraced the contemporary concept of creativity.

Experimental Nursing Programs

In 1970, June Bailey, Frederick McDonald, and Karen Claus reported on the experimental program of the University of California School of Nursing (San Francisco). One of its major goals was to educate nurses to be creative problem solvers. The faculty had conceptualized nursing behavior as synonymous with problem solving. Finding answers to nursing enigmas was believed to be creative because every problem was interpreted as unique, requiring the use of both analytic and synthetic thought. Therefore, resolving it was considered to be a creative act by the problem solver (nurse), since she developed an original solution. It was acknowledged that at times, all that a nurse needed to do was adapt known solutions to new problems.⁴⁰

The faculty stated that they defined creativity "as a process rather than a product." They based their definition on those of E. Paul Torrance and J.P. Guilford.⁴¹ The faculty also turned to the work of L.L. Thurstone for support of their concept of creativity, claiming:

Thurstone argued that an act is creative if the thinker reaches a solution in a sudden closure which has novelty for him. The solution need not be novel for anybody else. The emphasis in this concept is on the process by which a person arrives at a solution rather than on the originality of the solution itself.⁴²

The faculty designed the new course of studies so that students were required to solve problems. It differed conspicuously from the traditional didactic curriculum followed in the majority of nursing schools. Teaching methods emphasized problem solving rather than learning answers or enacting solutions contributed by others.⁴³

Students from three graduating classes (1966, 1967, and 1968) were evaluated on development of creative behavior following the introduction of the new curriculum for the classes of 1967 and 1968. (The 1966 class graduated under the old program and served as a control group.) The personality measures and demographic data were similar for all three classes. At the end of their respective senior years, each class was given four creativity tests. These included: 1) the Bailey General Nursing Problems Test, 2) the Torrance Tests of Creative Thinking, 3) the Torrance Social Improvement Test, and 4) the Torrance Common Problems Test.⁴⁴

The resulting test data were mixed. The second experimental group was generally superior to the control group, as well as the first experimental class on measures of verbal creativity. However, on figural creativity, the control class was superior to both the experimental classes.⁴⁵

In 1971, Bailey and Claus wrote a final report on the impact of the experimental curriculum at the University of California. At times, it was difficult for them to disguise their disillusionment. Convinced that a wide range of creative behavior was not found in nursing, they listed several reasons why this was so. These included: 1) the stress on convergent thinking in the nursing process, 2) the technical nature of many nursing procedures, 3) the frequency with which nursing problems required only routine solutions, and 4) the dependence of the nurse on the physician who directed nursing interventions and rewarded efficiency and skill.⁴⁶

It appeared that Bailey and Claus had tended to equate nursing with the role of the hospital staff nurse. This was regrettable because many of nursing's most creative practitioners, e.g., Nightingale, Wald, Sanger, Kenny, and

others had not limited their work to the routine and the technical. Also, the writers tended to overemphasize the role of the physician. By 1971, most hospital nurses carried out their work far from his watchful eye. Since doctors seldom actually employed hospital nurses, they did not concern themselves with nurses' wages and promotions. The belief that nurses worked for the praise of physicians rather than financial remuneration was a myth. However, nurses knew that legally they did not control their own practice. This knowledge detracted from their self esteem.

It appeared that Bailey and Claus found it easier to downgrade the creative potential of nursing than to question whether nursing really was equivalent to problem solving or problem solving was synonymous with creativity.⁴⁷ This was understandable, given the wide acceptance of the contemporary theory of creativity as a process. In addition, the experimental nursing program had been financed by the National Institute of Health, United States Public Health Service. It would not have been politically astute to criticize the theory upon which it had been based.

In 1974, the University of Iowa also implemented a new integrated curriculum. Shortly thereafter, a study of

creativity was initiated because one of the goals of the new process was to foster creative thought. This was not surprising, as in the late nineteen sixties, a great deal of attention was paid to designing integrated curricula. Theoretically, the new programs exposed nursing students to simple problems before the more complex. A creative problem-solving approach to the nursing process was thus introduced.⁴⁸

Faculty at the University of Iowa tested its students to determine if there were any differences in the creative thinking skills between those students who had been exposed to the new program and those who had not. Barbara Thomas, an associate professor at the college revealed that hypotheses of no differences between beginning and graduating students and between old and new curriculum students were tested using the Torrance Creativity Tests. The null hypotheses were rejected in favor of the beginning students and the old curriculum students respectively.⁴⁹

Obviously this was disconcerting for the faculty and several possible explanations were put forth. There had been a progressive general decline in students' scores nationwide on tests such as the ACT and SAT. The faculty

wondered if perhaps this phenomenon held true for tests of creativity. (The students graduating under the old curriculum had been tested two years earlier than those under the new.) It was also conjectured that in the decade of the seventies, student activism might have made itself manifest through increased resistance to all types of testing.⁵⁰

Thomas was aware that other researchers had found their own attempts to measure creativity disappointing in terms of validity and reliability. She wrote that the validity question was related to the confusion regarding whether creativity "was a process or a product."⁵¹ Thomas quoted C.I. Chase on the issue:

If we are interested in the process whereby unique things are evolved, the set of behaviors we observe may be quite different from that used if we are trying to decide how creative a given product is.⁵²

Even so, faced with the apparent failure of the new process curriculum to foster creative thinking in nurses, Thomas did not question nursing educators' decision to define creativity as a thought process. Instead, she urged faculty to continue to encourage divergent rather than convergent thinking. Thomas also pointed out that students needed a safe environment and an accepting climate if they

were to become more creative. She suggested that students' fear of ridicule might be interfering with their ability to think creatively. Thomas recommended more non-evaluative brain storming sessions for students and admonished faculty to do whatever was necessary to reduce students' fear of failure in real life situations.⁵³

In other words, Thomas felt that the nursing students were not emotionally strong enough to endure constructive criticism. Unfortunately, Thomas ignored the possibility that teachers who failed to judge students' work for fear of discouraging creativity might actually impede their progress in the "real world." Although encouragement and praise had always been important, creative work also profited from constructive criticism. Without evaluation, there was no mechanism for change. Students deserved to know that criticism was part of the discipline of nursing and was one of the methods by which research proceeded. The dynamic nature of nursing, itself, had always promoted creativity.

In order for women to attain major achievements in nursing, it had often been necessary to persevere against negative responses from peers, members of the medical profession and the public at large. Nurses who did not

learn to tolerate constructive criticism from within the profession were seldom able to develop the fortitude needed to endure in a wider sphere.

In spite of a lack of proof that the new process curricula were actually successful in fostering creativity, their popularity was unabated. Students who enrolled in these programs were subjected to a battery of tests which measured a list of cognitive or personality traits. These characteristics were those first identified in male architects, creative writers, and Air Force pilots. Their contents varied, but usually included such traits as fluency, flexibility, originality, penetration, and intuition.⁵⁴ Since the vast majority of nursing students were female, the appropriateness of the tests for the population was highly questionable. At any rate, these tests only measured personality traits. Students with high scores on the tests had not necessarily created anything. Once creativity as a process was accepted by nursing educators, productivity was no longer an important consideration.

Fostering Creativity in Nursing

Nursing curricula which were designed to foster "creative thought processes" offered courses which emphasized novelty and the use of techniques such as spontaneous generation of ideas and the suspension of judgment. Imagination and flexibility were encouraged by requiring students to shift viewpoints and reorganize thoughts.⁵⁵ Three sample questions taken from tests administered to nursing student enrolled in one such program follow:

Example 1: [The following essay question is designed to encourage flexible thinking in a more open-ended manner.] You are a fly in a newborn nursery. Describe your feelings.

Example 2: [This question combines theory and imagination.] Explain Carl Rogers' therapeutic relationship to your poodle (tomcat [sic] parakeet) in words meaningful to her.

Example 3: [This is a quantity question designed to encourage fluency--an element of divergent thinking. Fluency is assessed by counting the number of relevant responses that a student gives within a time limit.] You are preparing a patient-education tool on coping with pain. List all the points you can think of that you will want to make.⁵⁶

This type of test may have been an interesting exercise for students and it might have been useful in a situation where extreme inflexibility was encountered.

However, the belief that these types of exercises promoted creativity could not be proven.

The nurse educators who designed these questions did so because they were convinced that it was important to encourage novel and fanciful thinking on the part of their students. They believed that the personality traits of flexibility and fluency should be developed in persons in order to foster their creativity.⁵⁷ However, traditionally, neither caprice nor novelty were as valuable in a creative work as its significance when it was judged against the background of an existing tradition.⁵⁸ No single trait was definitive of creativity. At times, flexibility could actually have been an impediment, causing an individual to give up an idea prematurely.⁵⁹ Moreover, the possession of the trait of fluency was not a requirement for the production of creative work. It was known that highly acclaimed creators considered fewer alternative ideas in the course of their work than did persons who had created products judged to be of lesser worth.⁶⁰

While some personality traits may have been mutually related to certain types of creative exertion, there was no evidence that attempting to distinguish between creative and

non-creative students resulted in a burgeoning of creativity in nursing. Ultimately, creative opportunities for some students may have been limited once it was determined that they did not reveal "creative" characteristics. Balin warned that placing stress on the development of personality traits involved a simultaneous move away from the encouragement of significant achievement. She wrote:

The pedagogical practice which this [contemporary] view has engendered undermines the skills and knowledge which make creativity possible.⁶¹

Creativity as Personal Growth

Influenced by the work of Abraham Maslow,⁶² many nursing educators of the seventies and eighties interpreted a student's endeavor to think creatively as evidence of self-expression, self-confidence, and mental health.⁶³ However, Balin's analysis of creativity indicated that it was neither the person nor the process that determined the ascription of creativity, but the product. No proof existed that there was a unique creative thought process. It was even open to debate whether persons who actually completed creative work achieved self-actualization. There have been many counterexamples to the asserted connection between creating and mental health.⁶⁴

Creativity and Nursing

Creativity as Problem Solving

Many of the theorists at the forefront of any movement to interpret creativity as a process were educators, e.g., Parsons, Taylor, and Torrance. They engaged in research for the purpose of fostering creativity. Therefore, it was inevitable that their work would come to the attention of nursing faculty. Less predictably, journal essays on the creative process piqued the interest of nurses employed in positions of middle management and administration in the hospital setting.

Changes in the political and economic climate during the eighties threatened the financial viability of many acute care hospitals. Some of these institutions also had serious difficulties in attracting and retaining nursing personnel.⁶⁵ Recognizing the need for increased efficiency and change, nurse managers and their consultants wrote a panoply of articles detailing how they encouraged creative thinking in their employees. Staff nurses were asked to shift perspectives and take "creative leaps" to reduce costs. The techniques of brainstorming and freewheeling were encouraged for the purpose of overcoming creative

blocks.⁶⁶ Nursing management, too, had mistakenly equated creating with problem solving.

Robert Fritz has pointed out that many people confuse problem solving with creating. He stated:

We have been taught to think in terms of avoiding what we do not want. But when people attempt to solve problems, they are taking actions to have something go away--the problem. When they are creating, they should be taking actions to have something come into being--the creation. Eliminating unwanted circumstances can hardly be described as bringing into being something you love to create.⁶⁷

Administrators and middle management sought to gain the cooperation of nurses and other health care workers in minimizing expenses and handling competition.⁶⁸ These were both important issues in the modern health care setting. Even so, attributing creativity to nurses based on their ability to conserve money and procure additional hands for the hospital could only be viewed as demoralizing. This was particularly true when it was compared to the type of creative attainments for which nurses were recognized in the past.⁶⁹

It may be significant that all of the major contemporary creativity theorists have been men. They have succeeded in replacing the classical definition of creativity as the production of a valued product or the

achievement of a major attainment with that of a creative thought process which required no product or attainment of worth. Nursing would do well to consider if, in hastening to embrace the concept of the creative process, they have bought into an updated version of a masculine oriented creation myth.

Creativity as Originality or Novelty

Ironically, nursing embraced a definition of creativity which required originality or novelty for its ascription just at the time when many nurses began to use concepts borrowed from other disciplines as a foundation for their own theories of nursing. For instance, it was well known that Hildegard Peplau⁷⁰ was influenced by Harry Stack Sullivan's⁷¹ interpersonal relations theory, that the foundation upon which Sister Callista Roy⁷² built her model was Harry Helson's⁷³ adaptation theory, and that Martha Rogers'⁷⁴ work drew heavily from modern physics, as well as general systems and developmental theories.⁷⁵ Commenting on this tendency to "pilfer," Gloria Donnelly wrote:

While in fact, all theory is derived from previous ideas, nursing theory seems to have gone too far in sacrificing originality for familiarity. Perhaps due to nursing's self-imposed pressure to establish itself as scientific, nurse theorists expediently, yet understandably, have used a "Duncan Hines" rather

than a "from scratch" approach in the development of theory, using standard tested ingredients already a part of theory in other disciplines.⁷⁶

Donnelly disparaged nursing theories. While acknowledging that they might be of some value in clarifying the profession's domain of activity, she felt that they lacked novelty and implied that they did not merit the imputation of excellence.⁷⁷ It was really not possible for Donnelly to come to any other conclusion. Nursing theories based on the work of others could not be considered novel. Since the contemporary definition of creativity required novelty for its ascription, it was predictable that Donnelly would conclude that the theories were neither creative nor excellent. Donnelly's understandable conclusions served as an example of how the contemporary definition has been used to deny the ascription of creativity to much of women's work.

If the classical definition of creativity had been used to evaluate the nursing theories, it is probable that some of them would have been deemed creative. In the opinion of Plato, the ability to build upon and perfect the creative work of another was highly valuable.⁷⁸ Using the classical definition of creativity, each nursing theory

would have been evaluated according to the standards of the profession--its purposes, fundamental problems, and its guiding methodology. The novelty of a particular work would not be considered its most significant feature.

In her article on nursing theory, Donnelly recounted that in nursing lore it was a children's nurse who first recognized that newborns exposed to sunlight lost their jaundiced color sooner than infants who lacked access to the light. Donnelly lamented that while the nurse acted to place the bassinets in front of the windows, she never conducted her own investigation to learn why the sunlight had a beneficial effect. Instead, she chose to report her observations to the physicians.⁷⁹ Needless to say, it was not the nurse who was recognized as the originator of phototherapy.

Donnelly also recounted that in a 1915 issue of the American Journal of Nursing, Jane Elenor Lester wrote about the effects of institutionalization on hospitalized babies and advised nurses to serve as their mother surrogates. Donnelly went on to recount that a quarter century later, R.A. Spitz and J. Bowlby conducted extensive research on the behavior of infants who were separated from their mothers.

Based on the data that they collected, both Spitz and Bowlby wrote theories of attachment and bonding in early infancy. Neither theorist mentioned Lester in his work, in spite of the fact that Lester had first observed and reported the same phenomena.⁸⁰

Although the first story, unlike the second, lacked documentation, Donnelly chose to comment on them together. She realized that neither the eras in which these nurses practiced nor their role prescriptions as nurses and women, would have compelled them to "pursue their hunches on a deeper level."⁸¹ She concluded:

They seem to have taken their observations for granted, not delighting in the novelty of their own thinking or their discoveries, as males and scientists often do.⁸²

Donnelly linked the faux pas of the unnamed nurse who failed to research the therapeutic potential of lightrays and Lester's missed opportunity to write a theory of maternal deprivation with the neglect of modern nurses to produce novel theories. Her disappointment that nurses and most women had so little original work to their credit was palpable. She attributed nurses' inadequacy to their socialization concluding that women were still rewarded for

subservience and neither encouraged to take their work seriously nor to seek recognition for it.⁸³

Undoubtedly, women, including most nurses, were still being victimized by their socialization. Albeit, in measuring each of the nurses with the same rigid ruler--intended to measure and magnify the stature of men--Donnelly, herself, exhibited a blind spot. It did not occur to her to critique the contemporary definition of creativity which nursing had appropriated from education and psychology. Donnelly failed to question the assertion made by non-nurse, male theorists, that novelty was a requirement for the ascription of creativity. If she had evaluated the nursing theories according to the purposes and guiding methodology of the nursing profession, it is probable that at least some of them would have been deemed to have merit.

The failure of the anonymous nurse and Lester to receive recognition for their groundbreaking discoveries, could not be ascribed to the same set of circumstances. In the first case, more was involved than the nurse's inability to envision a role for herself as a researcher. She was probably not well enough grounded in the sciences to comprehend that her observations placed her on the cutting

edge of a major breakthrough in the treatment of icterus neonatorum. Since the nurse's identity was unknown, it was not possible to determine the extent of her education. If she held a degree in nursing, it was probably her first degree.

It was unrealistic for Donnelly to ignore nurses' considerable disadvantage for engaging in certain types of creative work, including research. Balin concluded that a creative breakthrough was most apt to occur when a master in a field recognized the advantages of going beyond the boundaries of a discipline to open up new directions for its further development.⁸⁴ The physicians with whom the nurse shared her observations enjoyed the advantage of a liberal education before they began their professional studies. In addition, some of them may have been specialists in the fields of pediatrics or neonatology. Not only would these doctors have had an understanding of physiology that would have enabled them to explain why the sun's rays were beneficial, but they would also have been better prepared to comprehend the potential of the discovery. It was understandable, if disheartening, that a physician was given credit for this major innovation in the treatment of

jaundiced infants.⁸⁵ That he chose not to acknowledge the nurse's contribution speaks for itself.

Most nurses have not begun their practice prepared at the same level of expertise in their own discipline as physicians were in theirs.⁸⁶ This served to handicap nurses. The value of knowledge and skills to those persons who aspired to creative achievement could not be overestimated. Women's lack of educational opportunities have been every bit as detrimental to their success in creative endeavors as their socialization.⁸⁷

The case of Jane Elenor Lester⁸⁸ was different from that of the anonymous nurse described by Donnelly. Lester noticed the effects of maternal deprivation on infants who were separated from their mothers during hospitalization.⁸⁹ She was enthused enough by her discovery to share it with her colleagues in a professional journal. Although the information she relayed was significant, nurses, physicians, and the general public were unable to comprehend its implications.⁹⁰

Balin has acknowledged that some creative work was not recognized as significant in the era in which it was first introduced. However, it became better understood at a

later date. She explained that such work was motivated by conditions which were just beginning to influence a change in society.⁹¹ Lester wrote her article before the advent of the child-centered era. Sigmund Freud⁹² had not yet published his theories which would revolutionize Western society and create an abiding interest in childhood experiences.

It was not difficult to understand why Lester did no follow-up work after sharing her observations. In 1915, nursing research and the generation of theory were not priorities within the profession. Unfortunately, this remained the case between 1915 and 1945. Therefore, no other nurse used Lester's work as an obvious starting point for her own research project. Many years would pass before nurses would become scholars. At the beginning of the twentieth century, they were all "blue collar workers."

Most nurses have never heard of Lester because they have not been introduced to their own history. The fact that Lester went so long without being recognized did not detract from the value of her ideas. There have been multitudes of artists and scientists who have not been recognized during their lives, but at a later date were

judged to be creative by the discipline out of which their work emerged.⁹³ Lester was such a person--ahead of her time. Nurses who have admired Lester, did so not because she had a novel idea, but because they interpreted it to have had merit.

Although Gloria Donnelly attempted to explain nurses' lack of novel ideas by suggesting that women were unrewarded for their original contributions, it was evident that she was unconvinced by her own argument. She went on to write:

Many geniuses responsible for major changes in the history of thought were conceptual rebels often unsupported, who fed on opposition from smaller minds.⁹⁴

Donnelly praised Galileo,⁹⁵ Freud,⁹⁶ and Nightingale,⁹⁷ as geniuses who accomplished their goals in spite of opposition and ridicule. She asserted that too much support did not provide the kind of opposition that creative people need, regardless if they are male or female. While on one hand Donnelly opined that the creative process required the fuel of opposition, on the other hand she pleaded for nursing to grant developing nurse theorists the "benefit of the doubt even if their work was immature or underdeveloped."⁹⁸ Donnelly's ambivalence was apparent throughout her essay.

She feared that nurses did not have what it took to persevere against criticism.

Understanding creativity to be an attribute of persons, Donnelly felt that there was nothing specific that the nursing profession could do to force or prescribe original work on the part of its members. Rather, she predicted that creative nurse theorists would arrive on the scene in much the same way as talented artists and musicians turned up unexpectedly from among unpromising candidates.⁹⁹ Convinced that the creative process was serendipitous, she concluded by recommending that nursing continue its pursuit of knowledge through the expansion of its research activities and the upgrading of its educational programs. Then she admonished, "The next step is to wait...."¹⁰⁰

Writing from the point of view of the contemporary creativity theorists, Donnelly found herself in a double bind. It was understandable that she suggested that nursing's next step should be to wait--in other words, do nothing! She had been led to believe that sooner or later a creative nurse--hopefully with a novel theory--would appear on the horizon.

It was doubtful that Donnelly studied many biographies of famous artists, musicians, scientists, or nurses. They indicated that persons whose creations and attainments were judged valuable by their respective disciplines, devoted their entire lives to the perfection of their work. These creators did not materialize over night as geniuses. Even the three that Donnelly mentioned-- Galileo, Freud, and Nightingale--were well educated before they commenced their life's work.¹⁰¹

It was clear that Donnelly was not aware that there were two distinctly different definitions of creativity. She attempted to use her understanding of creativity as a thought process to comprehend what it was that motivated the geniuses of the past. However, an understanding of creativity as an isolated thought process can shed no light on the motivation for work which required the application of knowledge, rules, and skills by an expert within a specific historical and disciplinary context.

Implications for Nursing

Nursing has reaped few benefits from its adoption of the contemporary definition of creativity. Attempts by nursing educators to foster creativity have resulted in the

mere encouragement of personality traits. Ascription of creativity to students who tested high for the possession of characteristics such as fluency, originality, and flexibility may have increased their self esteem, but it did not guarantee that they would create anything. It was probable that some students who were judged to be lacking in creative potential were actually discouraged from acquiring the knowledge and skills which would have allowed them to produce creative work.

Although hospital administrators and middle management may have reaped financial benefits by encouraging their nurse employees to "think creatively" to solve institutional problems, the equation of problem solving with creativity was mistaken. The goals of the nursing profession were not synonymous with those of hospital administration. Solutions designed to benefit institutions did not necessarily benefit its nurses and the patients they cared for. Nurses were not taught to differentiate between nursing and administrative issues.

The contemporary belief that the ascription of creativity required the generation of novelty has also served to denigrate the work of nursing theorists and other

creative nurses in the eyes of their own colleagues.

Donnelly's negative impression of nursing theories served as only one example.¹⁰²

Nursing has uncritically implemented the educational programs recommended by psychologists and educators for the fostering of creativity. This has convinced many members of the profession that nursing was doing all that was necessary to promote creativity in its present and future members.¹⁰³

Any perceived failure on the part of nurses to produce creative work has been attributed to the effect of women's socialization. Regrettably, nurses were oblivious to the fact that this same socialization has contributed to their own awe of male scientists and their acceptance of "male" definitions of creativity. While nurses have been willing to critique the work of their nurse colleagues (mostly women), they tended to uncritically accept the theories written by members of other disciplines (mostly men).¹⁰⁴

The fact that nurses were socialized in a patriarchal society has had a negative impact on their creative aspirations. Their educational deficiencies have been equally as debilitating. In every known society of the Western world, women have been educationally disadvantaged

in regard to the length and content of their education. In addition, the knowledge and skills of their teachers were often inferior to those of persons who taught men.¹⁰⁵

It has been only since the nineteen-twenties that equal access to education on all levels has been available to American women, including nurses. By 1926, there were 25 colleges and universities which conducted nursing programs that granted a bachelors degree. Even so, only 368 women were enrolled in them. The majority of nurses continued to prepare for their work in hospital schools.¹⁰⁶ Opposition to the collegiate movement came from many private physicians, who claimed that nurses were "overtrained" and that their services were too expensive. Doctors insisted that nurses who had received brief instruction at the bedside could "perform" just as well as those who were better educated.¹⁰⁷

As late as 1966, 64.1 percent of the total number of generic nursing students were still hospital prepared. However, nursing slowly but consistently moved into institutions of higher learning. Between 1964 and 1982, two year associate degree nursing programs expanded from 130 to 742. During that time, bachelors programs grew from 198 to

402 and hospital schools decreased from 821 in 1965 to 288 in 1982. The trend continues.¹⁰⁸

It now appears that the two year associate degree graduate may eventually replace the one year practical (vocational) nurse in the United States. At present, one state--North Dakota--already requires the baccalaureate degree as the minimum preparation for entry into practice as a professional nurse.¹⁰⁹ Recently, the American Association of Colleges of Nursing (AACN) endorsed a report by the National Council of State Boards of Nursing recommending the development of a supplemental licensure exam. It is to be used in Maine for entry level registered nurses who have earned baccalaureate degrees. AACN's former president, Janet Rodgers, expects Maine's initiative--to require a differentiated exam for baccalaureate prepared nurses--will inspire other state boards to seek separate licensure.¹¹⁰

It has been projected by Jean Watson that the preferred clinical degree for entry into practice in the twenty-first century will be the Nursing Doctorate (N.D.) Educationally, the N.D. is a post-baccalaureate professional degree distinguished by a general liberal arts pre-professional background.¹¹¹ In the mid-seventies, Rose Marie

Chioni, Dean of the School of Nursing at the University of Virginia, had also "championed the cause" of the nursing doctorate as the future degree for entry into professional practice.¹¹² Rozella Schlotfeldt described it as designed for:

liberally educated men and women who are gifted intellectually, willing to invest themselves in a rigorous, demanding, rewarding program of study, and committed to a sustained professional career.¹¹³

The first program to offer a professional doctorate (N.D.) for college graduates was Case Western Reserve in 1979.¹¹⁴

Like Watson, Margretta M. Styles also identified the N.D. as the entry level degree for the professional nurse of the future. She predicted that as the body of scientific knowledge grows, it will elevate the educational level for entry into professional practice. She envisioned that there could be:

an academic schema incorporating the associate degree (or even the baccalaureate in time) for the "technical" or "nurse associate" level; the N.D. for professional practice; the N.D.-Ph.D. combination, similar to the medical scientist model, for the clinical researcher; and the M.S. and D.N.Sc. becoming steps for the upwardly mobile nurse from the current cohort of those prepared at the baccalaureate level.¹¹⁵

The N.D. program would offer an ideal opportunity for encouraging significant creative achievement as defined by

the classicists. The classical theorists believed that creative achievement assumed high order knowledge, skills, and judgment. These allowed the creator to be involved in rule following, as well as rule breaking and instilled the wisdom to decide when each was required.¹¹⁶ In order to develop this high level of competence, a liberal education in both the arts and sciences was believed to be beneficial.

If nursing should decide to jump off of the bandwagon of the contemporary creativity theorists and embrace the classical theory of creativity, the length of the N.D. program would allow nursing students to be introduced to both the traditional Western canon and women's history, including the history of nursing. The study of the West's patriarchal history and literature is necessary, not for the purpose of praising it, but in order to analyze it. For instance, Freud's psychoanalytic theory, full of anachronisms and riddled with errors, provided a sometimes subtle--sometimes seismic--means of "grasping" patriarchy. All philosophies, including that of cultural feminism, have histories and must be understood in their historical context.

The study of women's history could have a potential liberating effect on nurses. Over the millennia, Western culture has maintained that women were naturally emotional, irrational, passive, and not very creative. Women's history has indicated that they have been founders and revolutionaries.¹¹⁷

Allen Bloom, in The Closing of the American Mind, accused modern feminists of becoming radicalized and posing a threat to the values, methods, and goals of traditional humanistic education in the West.¹¹⁸ Yet, women's history indicated that there were books similar to Bloom's printed in the nineteenth century and that women first led demonstrations for reform as early as the seventeenth century in England and the eighteenth in France.¹¹⁹ Many women claimed that the rediscovery of their history has given them a feeling of exhilaration.¹²⁰ A complete education for nurses is imperative if they aspire to produce creative work.

Summary and Conclusions

At the close of the second World War, Americans were in a hopeful mood. Weary of global violence, they were eager to channel their vitality into creative endeavors.

During the war, psychologists had served the military establishment by identifying men with intelligence and creative potential for special training and missions. After the peace treaty, these psychologists returned to academia to conduct further research on what they believed to be a creative thought process. Just as the contemporary "creative movement" was gaining momentum, the National Science Foundation was established by Congress. It commenced to underwrite many of the important creativity conferences and programs during the next decade.

Federal moneys were also made available for medical research. Numerous medical-technical advances took place during the war in Europe as well as in the Korean conflict. These new techniques required nurses to update their skills. New positions that demanded nurses with advanced education and graduate degrees were also created. However, there were few applicants who possessed the qualifications to hold them. Nurses were beginning to realize that research into the practice of nursing would be necessary if the health needs of their fellow citizens were to be met. The first attempts to upgrade nursing were made by the ANA and private philanthropy. Finally, having recognized the need to

advance the profession and prevent future nurse shortages, Congress passed several bills for that purpose. These included the Health Amendments Act of 1956 and the Nurse Training Acts of 1964 and 1968.

The years between 1952 and 1964 proved to be significant in the professionalization of nursing. During this same time frame, the contemporary creativity theories were spreading from psychology into education, and finally into nursing. On first consideration, it might have seemed incongruous to the casual observer that a profession composed mostly of women would accept a definition of creativity which was viewed as a thought process, demanded novelty, and devalued rules, skills, and knowledge. Also, this definition required neither created products nor attainments but considered them as irrelevant to the ascription of creativity. Nursing's assent to this view was particularly curious in light of the many creative attainments of its practitioners in the past. It is possible that in defining creativity as a process, some nurses had no idea that they were subscribing to an entirely new theory of creativity.

Even so, an important consideration was that the proponents of the contemporary creativity theory frequently referred to it as being scientific. This may have imbued it with such a high status in the eyes of many nurses that they felt no further examination of the concept was required. Nurses had been claiming for many years that nursing was an applied science. To be scientific was to enjoy prestige.

In 1963, Calvin W. Taylor, a proponent of the contemporary view of creativity and former head of the National Science Foundation served as a member of the NLN Fellowship program. He was also on the NLN Committee on Research and Studies. The following year, Pansy Torrance, a nurse educator, used the instruments developed by E. Paul Torrance to measure changes in students' ability to engage in the creative thought process as they progressed through a program of nursing. Both Taylor and Pansy Torrance contributed articles on creativity as a thought process to the Nursing Outlook.

By the late nineteen-sixties, the creative process was usually viewed by nursing educators as synonymous with problem solving. Nursing faculty became interested in nurturing creativity in order to upgrade the research

potential of their students. The promotion of both inquiry skills and the creative process became priorities.

Experimental nursing programs were designed so that students could learn about health before illness, and solve simple nursing problems before moving on to the more complex.¹²¹

Both the University of Iowa and the University of California, San Francisco, implemented experimental process curricula as projects supported by the United States Public Health Service. Evaluation of the programs did not provide evidence that the majority of the students exposed to the new curricula had increased their ability to engage in the creative thought process. This was disappointing. However, the wisdom of equating creativity with problem solving or with a thought process was not questioned. Instead, faculty suggested that a wide range of creative behavior was not to be found in nursing and also looked for explanations in the students' sociocultural environment.¹²²

Oblivious to the creative attainments of nurses in former eras, faculty blamed themselves for being too critical of students. They recommended that educators continue to employ the methods that were suggested by the contemporary theorists for the fostering of creativity.¹²³

The fact that students had not actually created any products was not a concern.

The acceptance of creativity as a novel thought process also caused nurses to be harsh critics of their own creative work and that of their peers. While nurses felt free to disparage nursing theories because they lacked originality, they uncritically accepted the theories of members of allied professions comprised mostly of men. Nurses were convinced that they were doing all that was necessary to promote creativity once they had implemented the educational programs recommended by psychologists and educators. In truth, nursing has reaped few benefits from its adoption of the contemporary definition of creativity. Attempts by educators to foster it have resulted in the mere encouragement of personality traits. Nursing might do well to reconsider if they want to ascribe to a definition of creativity that requires neither the creation of a product nor the attainment of a major achievement for its ascription.

The fact that nurses had been socialized in a patriarchal society had a negative impact on their creative aspirations. However, their educational deficiencies were

equally as debilitating. It had not been until the nineteen-twenties that equal access to education on all levels up to graduate schools had been available to American women, including nurses. As nursing education began to move from the hospitals into colleges and universities after the second World War, master's and doctoral programs gradually became available to them.

It has been projected by several of nursing's current leaders that the preferred clinical degree for the entry level into practice in the twenty-first century will be the Nursing Doctorate (N.D.) degree. It requires a general liberal arts pre-professional background. If it is adopted, it would offer an ideal opportunity for engaging in significant achievement as defined by the classical creativity theorists. The length of the program would allow nurses to obtain a liberal education that could include both the traditional Western canon and women's history, including that of nursing. Many women have reported that they have been both gladdened and invigorated by the rediscovery of their history. There is no reason to believe that this would not also be the experience of many nurses. Hopefully, they will get the opportunity to learn if this is true.

Notes

¹Four decades later in the November, 1994 elections, a simmering American electorate--angry at the Washington establishment, suffering from undiminished economic anxiety, fearful of perceived moral decay, and confused by proposals of health reform they did not fully comprehend--would again storm into polling booths and replace the Democrats in Congress with a "herd" of Republicans. See John F. Stacks, "Stampeded!" Time, 21 November 1994, 46.

²See Kalisch and Kalisch, The Advance of American Nursing; Barron, Creative Person and Creative Process.

³A reaction formation is one of the ego defense mechanism described by Anna Freud. It has been defined as "unacceptable impulses repressed, denied, and reacted to by opposite overt behavior." See Murray and Huelskoetter, Psychiatric/Mental Health Nursing, 42.

⁴Barron, Creative Person and Creative Process, 7.

⁵Ibid.

⁶Ibid.

⁷Ibid.

⁸See Susan R. Gortner and Helen Nahm, "An Overview of Nursing Research in the United States," Nursing Research 26, no. 1 (January/February 1977): 10-33.

⁹Ashley, Hospitals, Paternalism, and the Role of the Nurse; Also, Ashley, "Foundations for Scholarship."

¹⁰Rick Smolan, Phillip Moffitt, and Matthew Naythons, The Power to Heal: Ancient Arts and Modern Medicine (New York: Prentice Hall Press, 1990).

¹¹See Donahue, Nursing: The Finest Art; Kalisch and Kalisch, The Advance of American Nursing.

¹²Ibid.

¹³Ibid.

¹⁴Ibid.

¹⁵Ibid.

¹⁶Ibid; Donahue, Nursing: The Finest Art.

¹⁷There were a few other doctoral programs that were developed over the years. These included the Ph.D. program in maternal-child nursing at the University of Pittsburgh in 1954 and the Doctor of Nursing Science (D.N.S.) program in psychiatric nursing at Boston University in 1960. There were so few doctoral programs in nursing that most nurses who sought doctoral preparation pursued degrees in education or one of the sciences. See Kalisch and Kalisch, The Advance of American Nursing, 652; Donahue, Nursing: The Finest Art, 456.

¹⁸John F. Kennedy quoted in New York Times, 21 January 1961.

¹⁹Kalisch and Kalisch, The Advance of American Nursing.

²⁰Gortner and Nahm, "An Overview of Nursing Research."

²¹Kalisch and Kalisch, The Advance of American Nursing.

²²"American Nurses' Association's First Position on Education for Nursing," American Journal of Nursing 66, no. 3 (March 1966): 515-517.

²³Kalisch and Kalisch, The Advance of American Nursing.

²⁴Hospitals were often overutilized for the physician's convenience. Since many patients carried insurance and the social security plan for people over the age of 65 also paid for hospitalization, physicians found it easier to have all their patients in one hospital, than to make house calls.

The growth of the health care industry was unplanned-- therefore it was said to "grow like Topsy." This phrase originated in Harriet Beecher Stowe's anti-slavery novel Uncle Tom's Cabin, or Life Among the Lowly, published in 1852. It was the most popular book of its era. When a visitor from the North asked the slave child, Topsy, about her family, she replied, "Never was born, never had no father nor mother, not nothin'... I'spect I grewed." Thereafter, any unplanned, sudden growth was described as "growing like Topsy." It has been said of Mrs. Stowe's book that, "despite its faults, [it] has spawned more new words than any other American novel." This is an example of the type of lefthanded compliment reserved for the creative work of women. See Encyclopedia of Word and Phrase Origins, s.v. "to grow like Topsy."

²⁵See Guilford, "Creativity"; Calvin W. Taylor, "Are We Utilizing Our Creative Potentials?" Nursing Outlook, 11, no. 2 (February 1963): 105-107. Torrance, "Scientific Views of Creativity"; De Bono, Lateral Thinking; and Parsons, "White, Black and Creativity."

²⁶Taylor, "Are We Utilizing Our Creative Potentials?" 105-107.

²⁷Numerous articles on creativity as a thought process have appeared in the professional journals. Some of these include: Rita Hoeschen Aichlmayr, "Creative Nursing: A Need to Identify and Develop the Creative Student." The Journal of Nursing Education 8, no. 4 (November 1969): 19-27; Michael A. Carter, "The Creative Practitioner," Journal of Professional Nursing 4, no. 4 (July-August 1988): 283; Dorothy F. Corona, "Sedatives and Stimulants to Creativity." Nursing Outlook 12, no. 7 (July 1964): 24-26; William H. Fonvielle, Eric Monson, David V. Summers and Rosabeth Moss Kanter, "How to Stimulate Innovation." Hospital Forum 28, no. 1 (January/February 1985): 53-57; [Ken Hyett], "A Meeting of Minds." Nursing Times 83, no. 7 (February 1987): 52-53; Ann Marriner, "The Student's Perception of His [sic] Creativity." Nursing Research 26, no. 1 (January/February 1977): 57-60; William I. McMillan, "Ten Steps to Creativity." Nursing Success Today 2, no. 3 (March 1985): 14-15; Alice M. Robinson, "Creativity Takes Courage."

Nursing Outlook 11, no. 7 (July 1963): 499-501. For additional references, see Chap. 1, Note 1, above.

²⁸Pansy Nigh Torrance "Does Nursing Education Reduce Creativity?" 27-30. The late [Jesse] Pansy Nigh Torrance (d. Nov. 25, 1988) was the wife of E[llis] Paul Torrance (m. Nov. 25, 1959). See Who's Who in America 5th ed., s.v. Torrance, E. P.; A leader of the contemporary creativity movement, E. Paul Torrance defined creativity as a thought process. A devotee of her husband's theory, Pansy Torrance used it, as well as the E. Paul Torrance Minnesota Tests of Creative Thinking, when conducting her nursing research. It is interesting to note that Mrs. Torrance chose to drop her first given name in favor of her second, "Pansy," when publishing her work. In Spanish, Pansy translates as Pensamiento, the common name for "thought." The pansy flower is believed to symbolize thought by virtue of its pentagonal pattern. The symbol five is the number symbolizing man [sic], the thinker. See A Dictionary of Symbols, 2nd ed., 1962, s.v. Pansy; The English word for pansy is derived from the French pensée, or "thoughtful." See Encyclopedia of Phrase Origins, 1987, s.v. pansy.

²⁹See E. Paul Torrance, "Scientific Views of Creativity Affecting Its Growth," 663.

³⁰Pansy Torrance, "Does Nursing Education Reduce Creativity?" 27-30.

³¹Ibid.

³²Ibid., 28.

³³Ibid.

³⁴Ibid.

³⁵Ibid., 28.

³⁶Ibid.

³⁷Ibid.

³⁸Ibid; Pansy Torrance stated that she did not feel that a control group was needed. She based her decision on the experience of E. Paul Torrance. He had found that women with high abilities who enrolled in graduate school did not score higher on his tests than did senior high school girls.

³⁹Ibid.

⁴⁰June T. Bailey, Frederick J. McDonald, and Karen E. Claus, "Evaluation of the Development of Creative Behavior in an Experimental Nursing Program." Nursing Research 19, no. 2 (March-April 1970): 100-108.

⁴¹Ibid.

⁴²Ibid., 101.

⁴³Ibid.

⁴⁴Ibid.

⁴⁵Ibid.

⁴⁶June T. Bailey and Karen E. Claus, An Experiment in Nursing Curriculums at a University: Final Report on PHS Grant NU 000072 (San Francisco: University of California, 1971): 97-99.

⁴⁷Bailey and Claus, like many other members of their profession, were convinced that nurses were not creative.

⁴⁸See Barbara Thomas, "Promoting Creativity in Nursing Education." Nursing Research, 28, no. 2 (March-April 1979): 115-119.

⁴⁹Ibid.

⁵⁰Ibid.

⁵¹Ibid., 117.

⁵²C. I. Chase quoted in Thomas, "Promoting Creativity in Nursing Education," 117.

⁵³Ibid.

⁵⁴For a description of these components in creative thinking as understood by Torrance, see E. Paul Torrance, Education and the Creative Potential (Minneapolis, MN: University of Minnesota Press, 1963); They are also defined in Bailey, McDonald, and Claus, "Evaluation of the Development of Creative Behavior in an Experimental Nursing Program," 101.

⁵⁵Diane M. Demetrulias and Rebecca J. Shaw, "Encouraging Divergent Thinking." Nurse Educator, 10, no. 6 (November/December): 12-16.

⁵⁶Ibid., 15.

⁵⁷Ibid.

⁵⁸See Balin, Achieving Extraordinary Ends.

⁵⁹See David Perkins, The Mind's Best Work (Cambridge: Harvard University Press, 1981).

⁶⁰See Weisberg, Creativity.

⁶¹Balin, Achieving Extraordinary Ends, 5.

⁶²Abraham Maslow, Motivation and Personality 2nd ed. (New York: Harper and Row, 1970); The Farther Reaches of Human Nature (New York: Viking Press, 1971).

⁶³See Francine R. Margolius and Margaret M. Duffy, "Promoting Creativity: The Use of Student Projects." Nurse Educator, 14, no. 2 (March/April 1989): 32-35.

⁶⁴See Jamison, Touched with Fire: Manic-Depressive Illness and the Artistic Temperament, 267-270. Jamison noted that among others, the poets, Sylvia Plath, Sara Teasdale, and Anne Sexton; the writers, Ernest Hemingway and Virginia Woolf; and the artists, Vincent van Gogh and Henry Tilson all committed suicide. Also, see Sandblom, Creativity and Disease. Sandblom suggested that a continual repetition of a musical phrase in Schumann's Fourth Symphony was probably a fil circulaire or verbigeration, identified by psychiatrists as a sign of schizophrenia; linked Marcel Proust's intense interest in small details of ordinary life

to both a neurotic disposition and the success of his novel, A la recherche du temps perdu; and speculated that it was probably Edvard Munch's morbid, schizophrenic state of mind that was responsible for his great artistic masterpiece, The Shriek.

⁶⁵See Ellen Marszalek-Gaucher and Virginia D. Elsenhans, "Intrapreneurship: Tapping Employee Creativity," Journal of Nursing Administration 18, no. 12 (December 1988): 20-21.

⁶⁶See De Bono, Lateral Thinking; Osborn, Applied Imagination.

⁶⁷Robert Fritz, Creating (New York: Fawcett Columbine, 1991) 22.

⁶⁸See Fonvielle, Monson, Summers, and Kanter, "How to Stimulate Innovation," 53-57; Rosabeth Moss Kanter, "Innovation--The Only Hope for Times Ahead?" Nursing Economics 3, no. 3 (May/June 1985): 178-182; Rebecca Kuhn, "Creativity: Survival in Turbulent Times," Heart and Lung 15, no. 3 (May 1986): 21A-33A; Preston P. Le Breton, "Determining Creativity Strategies for a Nursing Service Department," Nursing Administration Quarterly 6 (Spring 1982): 1-11; Marszalek-Gaucher, and Elsenhans, "Intrapreneurship." Dennis D. Pointer and Terrilyn K. Pointer, "Building Innovative Nursing Departments: Thriving in Turbulent Times." Nursing Economics 3, no. 2 (March/April 1985): 73-77.

⁶⁹Nurses have been recognized for such major creative attainments as the founding of a profession, the establishment of a settlement house, the creation of the American Red Cross, the introduction of collegiate nursing in China as early as 1922, and many other accomplishments. See Sarah E. Allison, "Anna Wolf's Dream: Establishment of a Collegiate Nursing Program," Image: Journal of Nursing Scholarship 25 no. 2 (Summer, 1993): 127-131; Patrick F. Gilbo, "Candid, 'Cranky' Clara Barton Gave Us the Red Cross," Smithsonian 12, no. 2 (May 1981): 126-142; Irene Sableberg Palmer, "Nightingale Revisited," Nursing Outlook 31, no. 4 (July/August 1983): 229-233; Marguerite Wales,

"Notes from the National Organization for Public Health Nursing," Public Health Nursing 32 (October 1940): 639-640.

⁷⁰See Hildegard E. Peplau, Interpersonal Relations in Nursing (New York: G.P. Putnam and Sons, 1952).

⁷¹Harry Stack Sullivan, The Interpersonal Theory of Psychiatry (New York: Norton, 1953). While it is true that Peplau based her nursing theory on Sullivan's work, Sullivan acknowledged that he learned a great deal from the activists, Lillian Wald and Jane Addams. See Luepnitz, The Family Interpreted.

⁷²Callista Roy, Introduction to Nursing: An Adaptation Model (Englewood Cliffs, NJ: Prentice-Hall, 1984).

⁷³Harry Helson, Adaptation-Level Theory: An Experimental and Systematic Approach to Behavior (New York: Harper and Row, 1964).

⁷⁴Martha E. Rogers, An Introduction to the Theoretical Basis of Nursing Science (Philadelphia: F. A. Davis Company, 1970).

⁷⁵For a discussion of Rogers' theory, see Jacqueline Fawcett, Analysis and Evaluation of Conceptual Models of Nursing (Philadelphia: F. A. Davis Company, 1984).

⁷⁶Donnelly, "Nursing Theory," 3.

⁷⁷Ibid.

⁷⁸See Plato The Republic.

⁷⁹Donnelly, "Nursing Theory."

⁸⁰Ibid.; See also, Jane Elenor Lestor, "The Psychic Principle in Nursing Infants," American Journal of Nursing 16 (1915): 109-111; R. A. Spitz, "Hospitalism," Psychoanalytic Study of the Child 1 (1945): 53-74; J. Bowlby, "The Nature of the Child's Tie to His Mother," International Journal of Psychoanalysis 39 (1951): 350-373.

⁸¹Donnelly, "Nursing Theory," 5.

⁸²Ibid., 5.

⁸³Ibid.

⁸⁴Balin, Achieving Extraordinary Ends.

⁸⁵The majority of physicians in the United States earn a B.A. or B.S. degree before attending a three year medical school. After serving an internship, many physicians return to school to specialize.

⁸⁶As late as 1984, only 25 percent of nursing schools in the United States offered bachelor degrees. A large percentage of American nurses have a two year associate degree. See Gloria M. Grippando, Nursing Perspectives and Issues 3rd ed. (Albany, NY: Delmar Publishers, 1986).

⁸⁷Women are almost universally educationally disadvantaged in comparison to men. See Lerner, The Creation of Feminist Consciousness.

⁸⁸See Lester, "The Psychic Principle in Nursing Infants."

⁸⁹Lester may have used both her observational skill and her intuition to perceive the effects of maternal deprivation on infants. Throughout history, there have been individuals with the ability to discern a new insight which was not appreciated by their contemporaries. There is no reason to assume that these persons who were ahead of their time lacked professional ambition.

⁹⁰During Lester's era, many children were orphaned and risked suffering from maternal deprivation in early childhood. It is probable that the public was not emotionally ready to cope with the implications of Lester's study. The year that Lester wrote her article was the same (1915) that the Federal Government began to collect data on registered births in the United States. However, Mary Breckinridge, a nurse, mid-wife, and director of the Kentucky Frontier Nursing Service conducted a 96 year study of the number of American women who died in childbirth. She compared her statistics to the number of American men who died in war over the same time frame. (This included the

Mexican War, Civil War, Spanish-American War, and World War I). Breckinridge's calculations were both meticulous and conservative. Over 1,000,000 women died in childbirth in comparison to 858,430 men who were killed in wars. See Elise Fitzpatrick and Nicholson J. Eastman, Zabriskie's Obstetrics for Nurses (Philadelphia: J. B. Lippincott Company, 1960), 4, 7.

⁹¹Balin, Achieving Extraordinary Ends.

⁹²For information about Freud's theories, see Sigmund Freud, Psychopathology of Everyday Life (New York: The New American Library, 1951).

⁹³See Balin, Achieving Extraordinary Ends.

⁹⁴Donnelly, "Nursing Theory," 5.

⁹⁵See Giorgio De Santillana, The Crime of Galileo (Chicago: University of Chicago Press, 1955).

⁹⁶See Freud, Psychopathology.

⁹⁷See Nightingale, Cassandra.

⁹⁸Donnelly, "Nursing Theory," 6.

⁹⁹Ibid.

¹⁰⁰Donnelly ascribed to the contemporary theory of creativity and understood it to be synonymous with an unconscious thought process. Therefore, she believed that it could occur in a creative person at any time, in any place. All one had to do was wait.

¹⁰¹Galileo was an astronomer, mathematician, and physicist; Freud had been educated as a physician; Nightingale was privately educated by her father who served as her tutor. See Cecil Woodham-Smith, Florence Nightingale 1820-1910 (New York: McGraw Hill, 1951).

¹⁰²This is not to say that all nursing theories are equally valuable. Many of them tend to be problem oriented and not particularly useful for patients suffering from

chronic illness or patients from minority cultures. However, theories should be evaluated according to the standards of the nursing profession. Their novelty or lack of it is irrelevant.

¹⁰³Nurses have not planned and implemented an educational program based on the classical theory of creativity. Such a program would focus on transforming knowledge and ways of knowing into action--the practice of nursing.

¹⁰⁴For example, Donnelly was critical of the nursing theories written by nurses because they were not novel or because they were pseudoscientific. Yet she did not think to critique the theory of creativity as a process that she borrowed and used to criticize nursing theories.

¹⁰⁵See Joanne Ashley, "Nursing and Early Feminism," American Journal of Nursing 75, no. 9 (September 1975): 1465-1467; Also, Lerner, The Creation of Feminist Consciousness.

¹⁰⁶Kalisch and Kalisch, The Advance of American Nursing.

¹⁰⁷Ibid., Dr. Lewis A. Sexton, President of the American Hospital Association in 1931, insisted that "one could overeducate people [nurses] beyond their sphere of usefulness," 399.

¹⁰⁸Ibid., 677, 704.

¹⁰⁹See Lucie Young Kelly, The Nursing Experience: Trends, Challenges, and Transitions (New York: Macmillan Publishing Company, 1987).

¹¹⁰"AACN Backs Maine's Bid for Supplemental Licensure," Nurseweek [California Statewide ed.] 7, no. 1 (January 1994): 5-7.

¹¹¹Jean Watson, "The Future in the Making: Creating the New Age," chap. in Toward a Caring Curriculum: A New Pedagogy for Nursing, eds. Em Olivia Bevis and Jean Watson (New York: National League for Nursing, 1989): 369-376.

¹¹²I was a member of the Nursing School faculty at the University of Virginia during the mid-seventies. Dr. Chioni, Dean of the School of Nursing, expressed the opinion that nursing should require the same length of education as the other professions.

¹¹³Rozella Schlotfeldt, "The Professional Doctorate: Rationale and Characteristics," Nursing Outlook 26, no. 5 (May 1978): 309.

¹¹⁴Margretta M. Styles, On Nursing: Toward a New Endowment (St. Louis: The C. V. Mosby Company, 1982).

¹¹⁵Ibid., 196.

¹¹⁶See Balin, Achieving Extraordinary Ends.

¹¹⁷See Joan Kelly, Women, History and Theory: The Essays of Joan Kelly (Chicago: University of Chicago Press, 1984).

¹¹⁸See Allan Bloom, The Closing of the American Mind (New York: Simon and Schuster, 1987).

¹¹⁹See Susan Faludi, Backlash: The Undeclared War Against American Women (New York: Crown Publishers, 1991), 291. Faludi pointed out that Bloom's tome was only one of many that were published in the 1980's to warn Americans that their inferior education and deteriorating moral values were caused by feminism. Faludi noted that several similar books were published in the 19th century warning against feminism.

¹²⁰See Gerda Lerner, ed., The Female Experience: An American Documentary (Indianapolis: Bobbs-Merrill, 1977; New York: Oxford University Press, 1992).

¹²¹Thomas, "Promoting Creativity in Nursing Education."

¹²²Bailey and Claus, An Experiment in Nursing Curriculums at a University.

¹²³Thomas, "Promoting Creativity in Nursing Education."

CHAPTER VI

FOUR NURSES: THEIR CREATIVE ATTAINMENTS

Nursing can claim many creative practitioners. No one can deny the creative elements in the work of Florence Nightingale,¹ Lillian Wald,² Margaret Sanger,³ and Sister Elizabeth Kenny,⁴ to name but a few. A close examination of their work elicited numerous examples of how they used their knowledge and skills to attain major achievements or invent valuable products. In addition, a reading of their biographies made it clear that their ideas could not be attributed to spontaneous, divergent thinking nor, were they always novel. Yet their work was judged to be of value by the nursing profession and it was praised by the general public as well.⁵

It has been disappointing that today's nurses have demonstrated so little curiosity as to what accounted for the success of their profession's most creative leaders. One explanation may be that nursing's history has not been emphasized in modern nursing schools.⁶ When the subject was

offered, too often it was presented from the point of view of white, inside, middle class, male (WIMM) historians. These men wielded their influence to determine what would be validated and valued.⁷ As a result, nurses' accomplishments tended to be trivialized. The extensive training and self-education that creative nurses engaged in to prepare themselves for their work, the formidable resistance they encountered, their perseverance, and their feminist philosophies were usually omitted entirely.

Florence Nightingale

To illustrate, Florence Nightingale was often presented as "The Lady with the Lamp."⁸ A few of her experiences as Superintendent of Nursing of the English General Hospitals in Turkey during the Crimean War were mentioned. She was acknowledged as the founder of modern nursing and hospital nursing schools. Nightingale's extensive, private education and her self preparation for her work were glossed over, if not neglected entirely. Few nurses learned that the Crimean experience was merely a prologue to her life's work. She later accomplished no less than the reform of both the British War Office and the Administration of the British and Indian Armies. Even

President Abraham Lincoln of the United States consulted Nightingale for advice about military hospitals during the American Civil War.⁹

While most nurses have been proud to acknowledge Nightingale as the founder of their profession, the liberal feminists among them sometimes lamented that she was not a feminist. However, there was as much evidence to indicate that Nightingale was a feminist as there was that she was not. She has been recognized as a cultural feminist.¹⁰ Nightingale believed in gender differences and in the different priorities of women and men. Therefore, much to the consternation of liberal feminists, she rejected the suggestion that women should enter medicine as Elizabeth Blackwell had done.¹¹

There are many schools of feminism, e.g., liberal, cultural, socialist (Marxist), existential (French), Zionist, radical, lesbian separatist, post-modern, and ecofeminism. While these various schools disagree on the source of women's oppression, their desire to allow women full participation in the economic, social, and political spheres is what they have had in common.¹² Although Nightingale was successful in opening up all three arenas to

women, her contribution has been disregarded. Many feminists have looked askance at her cultural feminist inclination, viewing it as romantic and possible fuel for backlash. They have feared the separate spheres doctrine that she seemed to espouse. Even so, it could not be denied that Nightingale was the first nurse to remonstrate against women's impotence. She protested the waste of women's passion, intellect, and activity to argue that women be allowed to engage in constructive pursuits.¹³

Nightingale's reputation as an anti-feminist has rested on two major incidents. The most significant was her infamous remark, "I am brutally indifferent to the wrongs or the rights of my sex."¹⁴ This statement appeared to be a clear-cut rejection of women's rights which is how it is sometimes still interpreted. The other incident was her surprising refusal to join the Committee of the London National Society for Women's Suffrage, even though personally invited by John Stuart Mill. However, one of her biographers attributed Nightingale's sharp retorts to flashes of temper which disguised a feminism far more entrenched than that of many proponents of women's rights.¹⁵

The following excerpts from her letter to Mill were enlightening:

I can't tell you how much pleased I was nor how grateful I feel that you should take the trouble to write to me.... That woman should have the suffrage. I think no one can be more deeply convinced than I. It is important for a woman to be a "person" as you say. And I think I see this most strongly in married life. If the woman is not a person it does almost infinite harm even to her husband. And the harm is greatest when the man is a very clever man and the woman is a very clever woman.¹⁶

Nightingale's decision not to lend her name to the Society was based on expediency rather than principle. She believed that it would be many years before suffrage would be obtained. Nightingale confided to Mill that she thought that fighting for suffrage at the time would retard still further the passage of the legislation that was then before the parliament. She referred to a bill which would give women the right to retain possession of their property after they married.¹⁷ Nightingale penned, "Till a married woman can be in possession of her own property there can be no love or justice."¹⁸ In order that Mill would not misunderstand her intent, she added, "Women's political power should be direct and open not indirect."¹⁹ Both Mill and the social reformer, Harriet Martineau, responded with empathy.²⁰

Florence Nightingale was personally acquainted with Elizabeth Blackwell, the modern world's first trained woman physician. However, it was not Nightingale's purpose to assist women in gaining entry to men's professions. She was nonplused as to why a woman would even desire to enter a territory dominated by men to engage in their work. Nightingale believed that society had an immense, unmet need for the invaluable nursing services that properly trained women would be ideally suited to render.²¹ She directed the following warning to women:

I would earnestly ask my sisters to keep clear of both jargons now currently everywhere (for they are equally jargons); of the jargon, namely, of the "rights" of women, which urges women to do all that men do, including the medical and other professions, merely because men do it and without regard to whether this is the best that women can do; and of the jargon that urges women to do nothing that men do, merely because they are women Surely woman should bring the best she has whatever it is to the work of God's world without attending to either of these cries....²²

Nightingale implied that women possessed unique capabilities and that in seeking merely to imitate men, they would not realize their highest potential. Her voice harmonized with that of the cultural feminists. They claimed that women possessed intuitive faculties which gave them a holistic comprehension of the world and enabled them

to act in ways which could have a positive impact on society. Neither Nightingale nor the cultural feminists were satisfied to merely generate novel ideas. They were determined to achieve worthwhile attainments in the public sphere for the betterment of humanity.

Nightingale envisioned creating a new vocation for women. What she wanted was for women to eschew marriage and motherhood for a life of work which she believed to be far more fulfilling. When they failed to do so in the numbers that Nightingale had anticipated, she was bitterly disappointed. (During the first 43 years, only 1,907 nurses earned one year diplomas from the Nightingale school at St. Thomas Hospital in London.) Although the number of women entering nursing turned out to be nothing like what Nightingale had anticipated, they did prove to be a compelling force.²³ In 1867, Nightingale wrote in a letter, "The whole reform of nursing both at home and abroad has consisted of this; to take all power over nursing out of the hands of the men and put it into the hands of one trained female head and make her responsible for everything...."²⁴ Nightingale had not only made nursing respectable but she had succeeded in making the acceptance of payment for the

service respectable as well. Graduate nurse matrons from Nightingale's school were able to gain salaried positions of influence in English hospitals.²⁵ The solo voice of the male physician was replaced with a new duet. Florence Nightingale had achieved the cultural feminist's goal of giving a voice to women's perspective in the public sphere where it could counterbalance that of men. This was no small feat.

In her study of feminism's grassroots, Margaret Forster compared Nightingale to her contemporary, the physician Elizabeth Blackwell. Forster noted that Blackwell considered motherhood to be woman's highest calling. Forster concluded that Nightingale was "ironically, a feminist extremist, far more radical than Elizabeth Blackwell and far more significant in feminist history."²⁶ Florence Nightingale possessed an exceptionally broad education, far surpassing that of other women and most men of her era. Although she completed the three-month nursing program at the Deaconess Institute at Kaiserwerth, Germany, and studied in Paris under the Sisters of Charity at the Maison de la Providence, her nursing instruction composed only a minor portion of her preparation for creative work.

Due to the personal attention of her father who served as her tutor, the young Nightingale mastered several languages, both ancient and modern. She was well read in civics, history, literature, philosophy, religion, and science. Nightingale also took the trouble to become an accomplished mathematician and statistician. In addition, she had traveled extensively.²⁷

Although Nightingale possessed a keen and inquisitive intellect, it was her vast education that set her apart from other women of her class and led to her dissatisfaction with the role that Victorian society had prescribed for her. It was also her education that enabled her to develop a personal philosophy and conceptualize her ideas. Not all of them were entirely original nor did they emanate from a flexible personality. Fueled by her strong conviction that both women and men had basic human rights, she was determined to obtain the knowledge and skills she needed to engage in social reform. Nightingale's personal motto was, "Create and do not criticize."²⁸ As an expert in several fields, she knew when to follow rules and when to break them.²⁹ Nightingale was esteemed not for her novel ideas, but because she was successful in achieving major

attainments. These were judged to be valuable in the care of the sick and injured and in the prevention of disease. Irene Palmer--a Nightingale scholar--suggested that the value of informed action based on extensive knowledge was illustrated by Florence Nightingale.³⁰ Clearly, Nightingale's work met the requirements for the classical ascription of creativity.

Lillian Wald

The same ideals which inspired the British Nightingale also motivated the cultural feminism of two American nurses. Lillian Wald and Margaret Sanger chose to acquire the education and experience necessary to realize their own creative ambitions.³¹

While Nightingale created the concept of scientific nursing, Lillian Wald has been credited with being the first person to view nursing as a relationship between the nurse and the public rather than between the nurse and the individual or the hospital ward.³² Wald was born in Cincinnati, Ohio, in 1867 to a cosmopolitan, Jewish family of German, French, and Polish extraction. Although her education was not nearly as complete as that of Nightingale,

Wald's comfortable middle-class status enabled her to attend private schools. She was enrolled at Miss Martha Crittenden's School where the curriculum included astronomy, chemistry, physics, trigonometry, and languages.³³ In contemplating her education Wald concluded:

I may say that I have had advantage of what might be called a good education, knowing Latin, and able to speak both French and German....³⁴

Obviously, Miss Crittenden prepared her students for college. At the age of sixteen, Lillian Wald applied to Vassar but was rejected. Although she always attributed this to her tender age, it caused her much grief and she never again applied to a similar college. Somewhat at "loose ends," Wald returned to the Crittenden School.³⁵

Lillian had always been devoted to her sister Julia and her younger brother Gus. However, her hero was her older brother Alfred. As children, they had played together and shared each other's dreams for the future. Alfred's ambition was to go to college, followed by medical school. However, when his ailing Uncle Samuel sought a health cure in Europe, Alfred dutifully traveled to California to oversee his uncle's business interests. Sadly, at the age of twenty-four, on May 30, 1885, Alfred drowned in the

"golden state" under mysterious circumstances. His family, including Lillian, never fully recovered from the loss.³⁶

Young Lillian, who had shared in Alfred's boyhood dream to become a physician, would temporarily seek to make it her own. In discussing Wald's relationship to her brother, her biographer, Doris Daniels, attached a special significance to Wald's choice of a favorite childhood book.³⁷ When she was once asked to name one, Lillian responded:

Strange as it may seem to you, aside from fairy tales, the first book that I remember and have remembered for years and years is George Eliot's "Mill on the Floss." ...I do not know why that book should have made such a deep impression excepting that I had something of the same kind of relationship with a brother that existed between Tom and Meg."³⁸

Daniels presumed to venture a guess. She pointed out that like Alfred Wald, the novel's hero and heroine had drowned, dying in each other's arms.³⁹ Prior to her death, the fictional brother and sister had been united in a strong bond in spite of their opposite temperaments. Eventually, Maggie and Tom had a "falling out" over her suitors. Only death could reunite them. The two went together to a watery grave in the great flood of the Floss.⁴⁰ Eliot had penned:

There was a tomb erected, very soon after the flood, for two bodies that were found in close embrace

The tomb bore the names of Tom and Maggie Tulliver, and below the names it was written, In death they were not divided.⁴¹

Daniels concluded that Lillian Wald's affection for her brother had been mixed with envy because, as a male, his career prospects were superior to her own. Her biographer surmised that Wald would have resented the limitations placed on her because of her sex. Daniels implied that it was guilt mingled with ambition which motivated Lillian's career as she attempted to fill Alfred's shoes.⁴² After reading Eliot's masterpiece, I arrived at a different insight. It appeared obvious to me, that prior to her death, Maggie rejected her "gentlemen admirers" because she was aware that she would not be able to remain fully her own person within the context of any kind of marriage that she could envision. Therefore, Maggie sought to restore her early dependency on her brother because it would not require total submission. Yet, ultimately, even her devotion to Tom would cost Maggie her life.⁴³ I believe that it was Maggie Tulliver's independent spirit, as much as her love for her brother Tom, that fascinated Lillian Wald.

Unlike the fictional Maggie, Lillian was a survivor. She may have temporarily considered a career in medicine to fulfill her brother's childhood dream. However, she soon recognized that her creative talents could be more fully utilized in the practice of nursing.

Wald's rejection of marriage had not been for want of opportunities. Her mother provided her with elegant, stylish clothes. She was considered attractive and popular with both sexes. As an adult, one of Wald's former classmates reminisced:

I remember you... with a streamlined figure... how stunning you were when going out. I especially remember a blue satin, with your evening coat and party bag. We thought you the most beautiful girl we had ever seen.⁴⁴

A fashionable wardrobe, social engagements, and doting parents did not entirely meet Wald's needs. Yet, in the latter part of the nineteenth century, young Jewish women of "good families" did not work outside the home. Studying on her own, at home, Wald accepted assistance from her father to obtain a position as a correspondent for the Bradstreet Company. This employment required only that she do paperwork at her house. Wald longed for more challenging work.⁴⁵

Lillian's sister Julia had married Charles P. Barry, heir of a wealthy Irish family. Lillian was visiting the couple during Julia's difficult first pregnancy when the family physician sent a trained nurse to the house to care for Julia. This was Wald's first contact with such an independent woman, and she quizzed the nurse about her work and her hospital training experience. Greatly impressed, Lillian would later describe the meeting as "the opening of a window on a new world." For Wald, the impulse to enter nursing had been irresistible.⁴⁶

Permission from her parents to enter hospital training was to be hard won. They could not picture their highspirited daughter submitting to the strict discipline imposed on a nurse in training. Lillian proved them wrong, completing the program at New York Hospital Training School in eighteen months. She graduated in 1881.⁴⁷

Upon earning her diploma, Wald took a position at the Juvenile Asylum in New York City. She remained at this post for only a year. Her experience there permanently soured Wald's attitude toward all types of institutional care for children.⁴⁸

At this point, Wald enrolled in the Women's Medical College of the New York Infirmary. While studying medicine, she also volunteered to teach a home nursing class for the immigrant women of the lower East Side of Manhattan. The class was sponsored by philanthropist, Betty Loeb. For Wald, it was a crash course in the trials and tribulations of the newcomers struggling to survive the depression of 1893. One morning the daughter of a student appeared at the door of Wald's classroom, begging for help for her mother who had just given birth and was hemorrhaging. As Wald followed the child over broken roadways and down dark alleys to the threshold of the tenement, she experienced a "call to service."⁴⁹ Wald would later write:

That morning's experience was a baptism of fire. Deserted were the laboratory and the academic work of the college, I never returned to them.... I rejoiced that I had a training in the care of the sick that in itself would give me an organic relationship to the neighborhood in which this awakening had come.⁵⁰

Lillian left the medical college and with a nursing school classmate, Mary Brewster, rented a fifth floor walk-up on Jefferson Street. Obtaining financial support from Betty Loeb and her kinsman Jacob Schiff, the two nurses lived in the neighborhood, identified themselves socially with their neighbors, and provided a service that met real

needs. Their influence and reputation spread rapidly through the community. Impressed with the nurses' success, Jacob Schiff donated a Georgian style brick home on Henry Street. It became known as the Henry Street Settlement. From this establishment, the nurses provided care to their neighbors in their own homes. The nurses also made education on health practices and disease prevention available to each family they visited. Although Mary Brewster's own ill health influenced her early departure from the work, Wald was able to recruit a capable group of pioneer nurses to join her on Henry Street.⁵¹

These nurses accomplished major social reform during the turn-of-the-century suffrage movement. Wald's belief in social reform was linked to her cultural feminism. She indicated this when she penned:

I have been fond of saying, until I fear, it has become platitudinous, that men and women are equal but not identical and that the aptitudes and traditions of each mingled is absolutely necessary for high accomplishments.⁵²

Lillian Wald's feminist roots could be traced to her nursing school experience at New York Hospital where she was first introduced to the world of activist women. Irene Sutcliffe, Wald's instructor, was to be only the first of a

number of exceptional nurses Wald would meet while practicing her profession. Others included Lavinia Dock, Annie Goodrich, Adelaide Nutting, and Lina Rogers. Each of them was supportive of Wald's creative agenda.⁵³

Most contemporary nurses have been made aware that Lillian Wald founded the Henry Street Settlement House and the Visiting Nurse Service in New York. They also know that she helped to found the National Organization of Public Health Nursing and served as its first president. Fewer realize that she helped to inaugurate a public health nursing lecture series at Columbia University which led to the university's decision to form the Department of Nursing and Health; was influential in instigating the Red Cross Town and Country Service for rural communities; established the New York Department of Special Education, persuading the New York City School Board to hire the first school nurse; achieved a partnership between the Metropolitan Life Insurance Company and the Visiting Nurse Service in which the insurance company paid nursing costs for its industrial policyholders; co-founded and served as president of the American Union Against Militarism (AUAM); led an AUAM peace delegation which met with President Wilson and conducted

private meetings between the United States and Mexico, thereby serving to avert a war in 1916; hosted the first National Negro Conference at Henry Street which led to the establishment of the National Association for the Advancement of Colored People (NAACP); opened the Henry Street Neighborhood Playhouse; led the country's first street festival; met with thousands of women in the nation's capital to help found the Women's Peace Party; wrote two books--The House on Henry Street and Windows on Henry Street; co-founded the Foreign Policy Council; and traveled extensively in Japan, China, Russia, and Mexico, among other places.⁵⁴

During her lifetime, Wald's social reform work was recognized as both creative and valuable by members of the nursing profession and the general public. Today, she is acknowledged by historians as a major figure of the Progressive Era in United States history.⁵⁵

In addition, it should be noted that Lillian Wald and her friend and colleague, Jane Addams, who established the famous Chicago settlement, Hull House, also deserve credit for their contributions to both nursing and family therapy theories. In 1952, Hildegard Peplau, a psychiatric-mental

health nurse, developed one of nursing's first theoretical bases. While her Interpersonal Relations in Nursing was generally well received, a few detractors could not resist complaining about its lack of novelty. They pointed out that she had borrowed heavily from Harry Stack Sullivan, the neo-Freudian psychotherapist.

Of course, critics had never stopped to consider how Sullivan had arrived at this theory. (Perhaps it was assumed that it emerged from his head, fully formed, in much the same way that Athena sprang from Zeus.) In fact, it was the creative work of Wald and Addams--cultural feminists and social activists--that was admired by Harry Stack Sullivan and influenced his theory of interpersonal psychiatry.⁵⁶

Another influence had been John Dewey, who made an impact not only on Sullivan but a good deal of American social science as well. Surprisingly, Dewey made no secret of identifying Jane Addams as his "muse."⁵⁷ Therefore, it now appears that the nurse, Pelau, based her nursing theory on that of Sullivan, a neo-Freudian psychiatrist, who acknowledged Wald and Addams as being the inspiration for his work. In other words, Harry Stack Sullivan was a "middle man!"

In addition, Lillian Wald and Jane Addams also anticipated the practice of the family therapists of the late twentieth century. One of them, Salvatore Minuchin, now advocates the expansion of family systems concepts to include the systems of the hospital, the courts, and the community. What he is really envisioning is a set of activities that began with the nurse, Lillian Wald, and the social worker, Jane Addams, over a hundred years ago. Both of these women had a profound comprehension of the impact of social contexts on human process and problems. They were cultural feminists who used their intuition, altruism, pacifism, and vast understanding in creating programs to help individuals, families, and entire neighborhoods. As stated above, the work based on their philosophy had a major impact on Harry Stack Sullivan. He has often been cited by family therapists for the salutary contribution of his interpersonal psychiatry. Other therapists have directly identified Wald and Addams as the "Mothers of Family Therapy."⁵⁸

Margaret Higgins Sanger

Unlike Nightingale and Wald, Margaret Higgins Sanger was born into a working class family. Her father, Michael

Higgins, was a stonecutter who was underemployed because of his reputation as a socialist and advocate of women's emancipation in his strict Irish Catholic community. When the agnostic Robert Ingersoll's request to speak at the Corning City Hall was refused, Higgins opened his own home for the free-thinker's lecture.⁵⁹ Higgins proudly reminded his underprivileged children that the only thing he was able to give them was a mind "unchained from dogmas."⁶⁰ An intelligent and sensitive child, Margaret chaffed under the civic disdain she experienced as the sixth of eleven surviving children of the town radical. Ridiculed by a Corning teacher for arriving late for school and putting on airs (wearing a pair of kid gloves that had been a gift from her sisters), Margaret vowed never to return to the school. Determined that their talented, younger sister would complete her education, Mary and Nan Higgins pooled their sparse resources to pay for Margaret's tuition at the private Claverack College and Hudson River Institute across the state. Arrangements were made for Margaret to work in the school's kitchen to pay for her room and board.⁶¹

Once enrolled at Claverack, Margaret underwent both a social and intellectual transformation. Slender, with

burnished hair and wide set eyes that sparkled sometimes violet, then again hazel, she was popular with her peers.⁶² Ever her father's daughter, Margaret, was drawn to the social sciences and developed a reputation as an orator, delivering speeches on women's suffrage, free silver and other political issues of the period. In addition, she studied mathematics, natural science, English, classics, and the arts. Claverack prepared its students for teaching and commerce."⁶³

When Mary and Nan were unable to provide the tuition money for Margaret to complete Claverack's third year and receive her diploma, she reluctantly left to teach English to foreign-born first graders in an elementary school. Margaret was forced to give up this position at midterm to nurse her dying mother. Anne Purcell Higgins died young from tuberculosis and exhaustion following eighteen pregnancies.⁶⁴ Afflicted with tuberculosis herself at intervals throughout her life, Margaret felt that her mother was the victim of her father's sexual demands and for a time viewed marriage as tantamount to suicide.⁶⁵

After her mother's death, Margaret enrolled in a nursing school at White Plains Hospital in New York. In her

autobiography, she traced her social activism to her early nursing experiences. While still a student, Margaret was required to attend home births.⁶⁶ If the country doctor did not arrive in time, she delivered the infant herself. Humbled by the trust her patients accorded her, she was distressed that she could not provide the information that women wanted when they asked her, "Miss Higgins, what should I do not to have another baby right away?"⁶⁷ Although Margaret relayed her patients' requests to their physicians, they were summarily dismissed.⁶⁸

Albeit reliable methods of birth control were known in the nineteenth century,⁶⁹ access to this type of knowledge was not available to most women. Physicians refused to acknowledge contraception as an important issue. Doctors damned birth control methods as unreliable and unsafe because they were believed to be a threat to stable family life. Like the majority of men of the era, physicians feared the decline in the birthrate of the "fit" white middle and upper classes. They believed that women of European extraction should have as many children as possible.⁷⁰

Margaret's nursing experience ended temporarily with her marriage to William Sanger in 1902. Living for a time in Winchester County, the couple returned to New York City after the birth of their three children. There they were embraced by a circle of left-wing enthusiasts--trade unionists, socialists, and anarchists. Margaret was disappointed that so few of them considered women's domestic and sexual issues to be a part of their plans for social change.⁷¹ She wrote in her autobiography:

I was enough of a Feminist to resent the fact that woman and her requirements were not being taken into account in reconstructing this new world about which all were talking. They were failing to consider the quality of life itself.⁷²

It was Margaret Sanger's socialist party contacts who published her articles on family limitation and venereal diseases and provided an audience for her addresses on health issues. But it was the resumption of her nursing career which occasioned the change in her life's direction. It was while engaging in home nursing for Mount Sinai Hospital and the visiting nurses from Henry Street Settlement that Sanger was forced to confront the harsh realities of poor women's lives. Concluding that merely keeping women alive was not enough, she made the decision to

devote her life to assisting women to gain control of their own destiny by learning to regulate their fertility.⁷³

Aware that Holland had free contraceptive clinics, Sanger traveled there to learn firsthand the Dutch Clinic routine which included personal instruction of female clients. It was her intention to establish a series of clinics, interspersed throughout the United States where women could obtain birth control information and products.⁷⁴

Sanger's crusade in the 1920's to popularize the use of the women's diaphragm was necessary, because in addition to the apathy of physicians, the passage of the Comstock Act in 1873 made it illegal to give contraceptive advice in the United States. Following that date, the subject of contraception was omitted from editions of many medical books where it once had been given space. Sexual reform on the part of physicians would have threatened their standing in the community at a time when they were dependent on the support of the public in order to pass legislation to raise the standards of medical education and practice. Margaret Sanger's request that physicians learn contraceptive techniques and educate their female patients was anathema to most of them.⁷⁵

A cultural feminist, Sanger believed that sexual parity and social reform were inextricably entwined. While liberal feminists were working to secure the vote and property rights for women, Sanger's was a solo voice calling for a more fundamental freedom:

The basic freedom of the world is women's freedom. a free race cannot be born of slave mothers. A woman chained cannot choose but give a measure of that bondage to her sons and daughters. No woman can call herself free until she can choose... whether she will or will not be a mother.⁷⁶

Under male governance, the growing dissatisfaction of middle class women with the roles assigned to them was considered selfish. Sanger disagreed. She believed that individuals made greater contributions to society when they were active and self-assertive than when they were passive and self-sacrificial. She envisioned women's autonomy in childbearing decisions as the foundation of a new morality promoting spiritual growth and harmony within marriage and family life.⁷⁷

Characterizing herself as "the partisan of women who have nothing to laugh at,"⁷⁸ Sanger was a lifelong advocate for women and their families. Her accomplishments were legion. She has been remembered for establishing the Brownville Clinic for the purpose of birth control

instruction; disseminating birth control information on her worldwide lecture tours, instituting the first World Population Conference in Geneva; organizing the International Planned Parenthood Federation; and facilitating the development of the oral contraceptive in the United States.⁷⁹

For the right to distribute birth control information, Margaret Sanger endured imprisonment and found it necessary to fight the United States Government, the American Medical Association (AMA), General Douglas MacArthur, and J. Edgar Hoover--but she won! Sanger freed American women of many unwanted pregnancies and gained a place in the Nursing Hall of Fame. The "Pill" did more than control birth; it liberated women, too. For the first time ever, women could think seriously about having both a career and marriage because they could postpone or eliminate childbearing if they chose.⁸⁰

A skilled and knowledgeable expert in her field, Sanger was successful in providing women with access to reliable birth control information and products. This accomplishment did more to revolutionize Western sexual mores and lifestyles than any other single event in recorded history.

Although not all of her creative attainments were novel, Sanger opened up new directions for exploration. She used her knowledge to transcend the rules and achieve major social benefits for women and the larger society. Therefore, Sanger's numerous achievements merit the classical ascription of creativity.

Sister Elizabeth Kenny

During the first half of this century, an epidemic of poliomyelitis raged throughout the world. Sister Elizabeth Kenny, an Australian nurse, developed the only effective treatment to prevent the crippling effects of the disease. In so doing, she created a revolution almost unprecedented in the annals of both nursing and medicine. In fact, Kenny would create a new discipline--rehabilitation--which would do much to ameliorate all types of physical disability. Spurned by the Australian medical establishment, she devoted a lifetime refuting physicians (men) on three continents in order to gain mass implementation of her treatment methods.⁸¹

Born in 1880 to Scotch-Irish parents in Warialda (place of wild honey), she grew up in the lonely Australian Outback. Appreciative of the wonders of nature at an early

age, young Liza was familiar with trees which shed bark instead of leaves; red-billed swans, black rather than white; and the platypus⁸¹ with its scoop bill, web feet, fur coat, and a reputation for laying eggs and nursing its young. She often saddled up her own horse to herd the family cows. At the age of 13, while rounding up stock into paddocks, Liza's saddle slipped and she was thrown from her animal, breaking her arm. This accident necessitated a trip to Toowoomba, on the rim of the Great Dividing Range to see the resident physician, Dr. Aeneas McDonnell. The break proved to be of a serious nature and she stayed on for several days in the home of the surgeon and his wife. A friendship blossomed between the young girl and her doctor. In her autobiography, Sister Kenny credited Dr. McDonnell as having more influence upon the subsequent course of her life than any other person, with the exception of her mother.⁸³

The following year, young Liza became concerned about her frail brother Bill. His legs tired too soon on the sibilings, hikes through the forest in quest of the koala bear. The older children in the family had to take turns carrying Bill "piggyback" to and from school. Kenny consulted her friend, Dr. McDonnell. He suggested exercises

and lent her books on human anatomy. She poured over the texts, studying muscle structure, determined to learn how to help her brother improve his weak physique. At an age when many girls are totally self-absorbed, Liza built a mechanical wooden man with pulleys and strings to show Bill how his muscles worked. Soon engaged in bodybuilding, Bill became as proud of his new physical strength as he had once felt ashamed by his weakness.⁸⁴

In her early twenties, Elizabeth Kenny became aware that local farmers were unable to market their plentiful produce. Ragamuffin children were wanting necessities while vegetables lay rotting in pits. In an impetuous moment, Kenny offered to help a young couple market their crops. She was successful in this "male" pursuit--selling produce to big-city buyers. Soon, Kenny's Farmers' Market thrived and the grateful growers rewarded her with a sizable sum of money. However, the young people of the village spurned her.⁸⁵ She wrote:

I had stooped to do a thing no woman would think of doing. I was not refined, I was not nice. A girl who knew her place looked to her male relatives to dispose of the crude details of the business. It was vulgar to be healthy, ladylike to be delicate.... My position was unfortunate. I was strong... and I was not given to fainting. I loved the wind and the rain, the sunshine and the earthrocking thunderstorms.⁸⁶

Feeling rejected and alone Kenny left business, and at the suggestion of Dr. McDonnell, she turned to nursing. Later in her life, Kenny would claim that she had prepared for her vocation at a hospital.⁸⁷ In truth, she honed her skills while engaging in private nursing and assisting a midwife at a maternity home. A physician familiar with the quality of Kenny's work gave her a letter "certifying" her nursing qualifications. In possession of the letter and a self-designed, tailor-made nurse's uniform, Kenny just "saddled up" and began caring for the abundant patients of the isolated wheat and cattle land of Darling Downs and the hills of the Dividing Range.⁸⁸

In 1911, Kenny arrived at a home where she found a 2-year-old girl bedridden and writhing in pain. She observed that her patient's extremities were grotesquely twisted, galloped her horse to the nearest telegraph office and wired Dr. McDonnell for instructions. His reply was, "Infantile paralysis [poliomyelitis]. No known treatment. Do the best you can with the symptoms presenting themselves."⁸⁹ Knowing that heat relaxed painful muscles, Kenny applied first a bag of warm salt and then a poultice of linseed meal to the most painful leg. Both proved too heavy and increased the

patient's discomfort. As a last resort, Kenny tore a wool blanket into strips, soaked them in boiling water, rung them out, and wrapped them around the child's extremities. Almost immediately, the girl ceased crying and went to sleep. A short time later she awoke, demanding, "I want them rags that wells my feet!"⁹⁰ Thus, it was the child of Irish immigrants to the Australian bush who first registered her approval of a nursing technique destined to revolutionize the treatment of a disease which had once plagued the ancient Egyptians.⁹¹

In rapid succession, Kenny treated six more polio patients. In addition to applying heat, she moved the children's relaxed limbs in normal patterns to "reeducate" them. All of her patients recovered without the usual crippling effects of the disease.⁹² The nurse's remedy was completely unorthodox--a result of keen observation, intuition, and her holistic view of the world. In her mind, Kenny was able to bind together concepts thought to be disparate.

Medical men believed that in the acute stage of the virus the affected muscles were flaccid and sagging, pulled out of shape by the stronger adjoining muscles. Their

treatment consisted of holding the muscles rectilinear. Although the limbs atrophied due to a lack of innervation by the virus ravaged nerve cells, they were perfectly straight. These nonfunctional extremities could latter be fitted with braces.⁹⁴

Where physicians imagined sagging, Kenny saw muscle spasm and tightness. Her applications of heat relaxed the muscles. Kenny's early efforts to exercise her patients, arms and legs were also contrary to medical wisdom. Such "premature" motion had always been viewed as harmful to fragile polio-stricken limbs. Yet, it was Kenny's patients who recovered and walked.⁹⁴

When Elizabeth Kenny later reported her results to Dr. McDonnell, he was incredulous. At first, he thought she might have been dealing with a different disease. Once convinced of the efficacy of the nurse's ministrations, he warned her that she would meet with much resistance from members of the powerful medical profession.⁹⁵

McDonnell's words proved prognostic. It took thirty-three years before Kenny's methods were accepted by physicians. In the meantime, she opened a free poliomyelitis clinic to prevent patients from developing the

permanent disabilities believed by their doctors to be unavoidable. Kenny used royalties earned from her earlier invention--a stretcher for the treatment of shock--to support her work.⁹⁶

Although Kenny took time out to serve as a military nurse during World War I, she returned to bush nursing and persevered in her efforts to rehabilitate polio victims. Kenny finally traveled to Europe and the United States to substantiate the value of her nursing treatment. Arriving in Minnesota in the midst of a polio epidemic, Kenny was invited by the medical staff at Mayo Clinic in Rochester to demonstrate her technique. Albeit cynical, Dr. Wallace H. Cole, Chief of Orthopedics at the University of Minnesota in Minneapolis, was also given a demonstration. America's heartland pragmatism finally triumphed over medical myopia! The National Institute of Infantile Paralysis endorsed the "Kenny Method," and simultaneously, Morris Fishbein, who edited the American Medical Journal, conceded that Sister Elizabeth Kenny had changed forever the treatment of poliomyelitis in the United States.⁹⁷

Kenny was given an honorary membership in the American Nurses Association (ANA). In addition, the

Australian became the first woman, and the only person without a medical diploma, to be awarded the distinguished Service Gold Key from the American Congress of Physiotherapy.⁹⁸ Sister Kenny finally received the acclamation she so richly deserved.

In 1950, a Joint Congressional Resolution granted Kenny the first lifetime visa-free passage across the United States borders since the Revolutionary War when one was granted to Lafayette.⁹⁹ Kenny became so famous that for ten years, according to the Gallup Poll, American women identified her as the second most admired woman in the world, after Eleanor Roosevelt. Finally, in 1952, Kenny was named to first place.¹⁰⁰

In her lifetime, Sister Kenny's treatment methods ameliorated a great deal of suffering for her patients and their families. However, in 1952, one year after Kenny's death, Dr. Jonas Salk announced that he had developed a vaccine to prevent poliomyelitis. Currently, the oral Sabin vaccine is also available to prevent epidemics of the disease.¹⁰¹ Even so, the value of Kenny's creative work has not been diminished. There are no known medications to

destroy the polio virus once it inhabits the human body. On occasion it still strikes an unfortunate individual. Therefore, Kenny's treatment method remains the only means of preventing permanent disability from the disease. In addition, countless victims of serious injuries and cerebral vascular accidents continue to profit from her aggressive approach to rehabilitation.¹⁰² She created this discipline as it is known today.

In 1981, Dr. Aubrey B. Davis, curator of medical history at the Smithsonian Institute, ranked Kenny along with Florence Nightingale and Clara Barton as three women [nurses] whose influence had "transformed the practice of medicine."¹⁰³ Victor Cohn, a medical reporter who knew Kenny in Minneapolis, compared her to Freud and Kepler because all three had the capacity to open minds to new possibilities.¹⁰⁴ This rare attribute has been identified most often in persons whose valued attainments merited the classical ascription of creativity.¹⁰⁵

Although mostly self-educated, Kenny became knowledgeable and skilled in nursing. Even her enemies [medical doctors] described her as having good eyes and ears, a mind like a blotter, and political sense.¹⁰⁶ Kenny

certainly possessed the intelligence, ambition, and perseverance to have succeeded in any profession of her choosing. However, it is doubtful that she would have made as great a contribution to society in a physician's role as she did in that of a nurse. In the Hollywood film¹⁰⁷ based on Kenny's autobiography, Dr. Aeneas McDonnell was portrayed claiming that if Kenny had been educated as a physician [honorary male] she, too, would have treated patients using only the orthodox methods. He believed that as a physician, Kenny would not have dared to trust her intuition.¹⁰⁸ It is possible that McDonnell was correct in his opinion.

Schooled in Western medicine, Kenny would have been taught only analytical processes which were believed to be the preferred route to truth. It is now known that these methods are incongruous with women's ways of thinking. Feminist writers and historians have recently pointed out that Western educational institutions were set up exclusively by and for males. As a result, masculine bias has always existed at the core of academic disciplines, theories, and methodologies.¹⁰⁹ The possibility that women experienced the world differently and also thought, theorized, and learned

in alternate ways was not a part of human consciousness in the early part of the twentieth century.¹¹⁰

Therefore, Sister Kenny found it difficult to communicate her understanding of poliomyelitis as well as her treatment methods to doctors. They took pleasure in commenting on the "weakness" of Kenny's explanation of her ideas and concepts. Physicians complained that Kenny was incapable of providing them with corroboration in terms they could understand. It never occurred to these medical men that the deficiency in understanding might be their own.

Mary McCarthy, a screenwriter for the "Sister Kenny" film, was able to elucidate Kenny's major achievement while making clear why it took the nurse so long to gain the medical profession's recognition. At a Hollywood luncheon promoting the film, McCarthy declared:

Sister Kenny didn't merely discover a new treatment for infantile paralysis, she scooped the entire medical profession by giving the world an entirely new concept of the disease.... She presented to the medical world the statement--now completely proven--that they had hitherto been treating a disease which didn't even exist.¹¹²

Eventually, Kenny's concept of poliomyelitis, as well as her methods for preventing the crippling effects of the

virus were acclaimed by professionals and the public alike. There can be no doubt that her inventions and great attainments were deserving of the classical ascription of creativity. But was Elizabeth Kenny a feminist? Apparently so. It took her thirty-three years to see her concept of poliomyelitis accepted, but she never gave up because she believed that her contribution was one that no male physician would be apt to make.¹¹³ Although she was spurned in part because she was a woman and a nurse, Kenny appeared to view both of these characteristics in a positive light.¹¹⁴

It is probable that Elizabeth Kenny was so greatly admired by the women--including nurses--of America because it was easy for them to identify with her. Although Kenny chose to devote her life to her career rather than marry her fiancé, she deigned to work in a woman's field--nursing. Kenny used women's ways of learning, thinking, and knowing to her advantage in her creative endeavors.¹¹⁵

After meeting Kenny, one nurse penned these words for a Canadian journal:

What Sister Elizabeth Kenny has done, other nurses can do. Her discovery was based on an unusual capacity for accurate analysis and sound detection plus the opportunity for continuous observation that is the peculiar privilege of the nurse. This is our field so let us have the courage and tenacity to

explore it. And we may need patience. Remember it took Sister Kenny thirty-three years.¹¹⁶

The nurse quoted above was inspired by Kenny and rightly concluded that other nurses could also make valuable, creative contributions. She realized that nursing provided unique opportunities for patient observation that physicians did not enjoy. However, the writer assumed that Kenny's insight was based on an unusual capacity for analysis and deduction, alone. The Canadian author's failure to be more perceptive can be explained by the fact that she had been influenced by male bias in her own educational experiences.¹¹⁷ Therefore, she remained oblivious to the part that a strong sense of spirituality and intuition played in Kenny's work.¹¹⁸

In truth, many nurses have possessed as great a capacity to analyze and deduce as did Kenny. In fact, she never was able to satisfy the orthopedists with her explanation of poliomyelitis or her treatment methods. Kenny proffered the theory behind her successful treatment only late in her career. No mention of Kenny's concept of muscle spasm, alienation, and "incoordination" --helpless reliance on the wrong muscles--was made in her first textbook, published in Australia.¹¹⁹

Long before Kenny realized that the medical understanding of poliomyelitis was erroneous, she had the notion that she had been called by God and "set apart" for her work.¹²⁰ A careful reading of Kenny's autobiography, And They Shall Walk, leaves the impression that she often had an immediate awareness of events in the past, present, or future without having engaged in linear reasoning. In other words, at times, Kenny relied on her intuition.¹²¹

Elizabeth Kenny's description of her contact with her first polio patient can be interpreted as a gestalt experience. She appeared to have used synthesis rather than analysis to link cues from the patient with her extensive knowledge and past experience. In addition, she was emotionally engaged in the case.¹²² Kenny focused on the whole situation rather than on just part of it. Her ability to fully experience and integrate all of the circumstances of any situation in which she found herself was typical of a woman's way of knowing.¹²³

Although men in medicine allowed that Kenny was both intelligent and charismatic, they failed to comprehend the extent to which nonlinear thought processes contributed to her creative attainments. To them, the bush nurse from the

outback remained mysterious, if not somewhat foreboding. The journalist, Victor Cohn, was perceptive enough to suggest that Kenny had the faculty of perceiving in an unhabitual way that was first described by William James.¹²⁴

In spite of being accused by sociologists of being a cult figure,¹²⁵ Sister Kenny's contribution to the cause of feminism should not be underestimated. According to Cohn, in Kenny's day, "Women still held only a thin beach-head in public life, but, with Eleanor Roosevelt, Elizabeth Kenny was helping move them toward a new era."¹²⁶ Her influence is still being felt. In 1980, the actor-director Alan Alda was asked why he was so ardent about women's rights. Alda replied that he had suffered from poliomyelitis as a child and had been treated by Kenny's methods.¹²⁷ He stated:

I might not have lived and I certainly wouldn't have had the career I've had, if Sister Kenny had not done [several] things. She discovered something, she was inventive, she was exploratory.... And, in order to contribute to this world, she fought against sexism. If she hadn't won... I'm just one of millions who might not be here today.¹²⁸

Summary and Conclusions

Like Florence Nightingale, Elizabeth Kenny's life epitomized that of a cultural feminist. Although there is no record to indicate that either woman so labeled herself,

each rebelled against society's dictate that the only place for a woman was in the home; expressed the conviction that God had called her to a higher purpose; rejected an offer of marriage in order to devote her life to her career; chose to work in a woman's discipline; and believed that the unique contributions that women could make to the reform of health care would be as important as those made by men.¹²⁹

The two American nurses, Lillian Wald and Margaret Sanger, more openly identified with the first wave, Second Tradition of feminism in the United States. Each spoke with the voice of a cultural feminist. All four nurses--Nightingale, Wald, Sanger, and Kenny--were convinced that it was imperative for women's perspective to be given a voice in the public sphere where it could serve to supplement the more narrow viewpoint of men, renovate health care, and bring about much needed social reform.¹³⁰

Bolstered with knowledge and skills and possessing the wisdom to know when to apply the rules of their discipline and when to go beyond them, nurses, creative attainments have been legion. From the founding of modern nursing and the reformation of the British War Office to the development of a treatment to prevent the crippling effects

of a dreaded disease and rehabilitate injured war veterans, nurses have made a major impact on Western society. Yet, rather than examine the lives of these creative women to determine what accounted for their success, nursing embraced the contemporary definition of creativity. This was accomplished without an open debate concerning the soundness of such a course. In so doing, the profession demonstrated that it was unconscious of the unique, creative potential of its many female members. The modern theory identified the personality traits of male architects, pilots, and scientists as those necessary for engaging in a creative thought process.

The failure of nurses to appreciate and examine their creative legacy can be explained in part by the fact that, as women, they have been kept ignorant of their own historical attainments. According to Gerda Lerner:

The systematic educational disadvantaging of women has affected women's self-perceptions.... For far longer than any other structured group in society [women] have lived in a condition of trained ignorance, alienated from their own collective experience through the denial of the existence of women's history.¹³¹

Although America's early nurse educators promoted the study of nursing history, incorporating it into the

curricula, there has been no consistent support for historical inquiry. Surprisingly, as nursing moved from the hospital to the university campus, the emphasis on the historical foundation of the profession declined until very few courses were offered on the history of nursing. It is even possible that sufficient nursing faculty are no longer prepared to teach them.¹³³

One explanation of this sad circumstance is that history was often described by historians as a romantic art.¹³³ Biographies of early nurses were too often hagiographic. Although they did not fully comprehend how well it had served the interests of patriarchal society to present them in this manner, nurses knew that they did not wish to be eternally categorized as "angels of mercy."

In the twentieth century, nurses aspired to be full professionals who based their practice on modern science. Many of them had been convinced that Florence Nightingale was essentially a "lady with a lamp." They dismissed Lillian Wald variously as the Madonna of the Slums or as Lady Bountiful with a fruit basket--really a social worker. Until recently, the creative attainments of Margaret Sanger and Sister Elizabeth Kenny were not even mentioned in

textbooks of nursing.¹³⁴ The long years of preparation for their work, their political savvy, as well as the vast accomplishment of these nurses were unproclaimed.

Mildred Newton has offered another explanation for nurses, neglect of their past:

Nurses are so constantly confronted with the exigencies and emergencies of the present that they do not take time for speculation and reflection. Their devotion to the development of practical skills may be achieved at the expense of scientific study and scholarly research. History, which enables man [sic] to better evaluate himself [sic] and his [sic] function in the world, deserves more time and thought than it usually receives in this action oriented profession.¹³⁵

Three early nurses who understood this were M. Adelaide Nutting, Lavinia L. Dock, and Isabel M. Stewart. Leaders and educators, they were authorities on nursing history-being historiographers themselves. These women were aware that it was absolutely necessary for nurses to be familiar with their past if they were to deal intelligently with the problems of both practice and education.¹³⁶ As Isabel Stewart so wisely concluded:

History can often help individuals to deal more effectively with persistent issues and conflicts by throwing light on their origins.... Educators who know something of the historical foundations of a system of education are also in a better position to evaluate the materials that have gone into it.¹³⁷

If nurses possessed a better understanding of the origin of the contemporary theory of creativity, they might have at least debated the wisdom of ascribing to it before they actually did so. Sadly, once creativity was described as a mere thought process, no products or attainments of value were required for its ascription. However, it had been presented to baccalaureate prepared nurses as being scientific. Therefore, it has held great appeal to the members of the neophyte profession.

Notes

¹See Elizabeth Longford, Eminent Victorian Women (New York: Alfred a. Knopf, 1981). Also, Lytton Strachey, Eminent Victorians (Original work printed in 1918; Reprinted, London, England: Chatto and Windus, 1948).

²See Daniels, Always a Sister. Also, Doris Daniels, "Lillian D. Wald: The Progressive Woman and Feminism." (Ph.D. diss; City University of New York, 1976).

³Also, for Sanger's own account of her life story, see Margaret Sanger, An Autobiography (New York: Macmillan Company, 1938).

⁴See Kenny, And They Shall Walk.

⁵According to the classical definition of creativity, it is the discipline out of which a creative work is produced that determines its value. Even so, a worthwhile product or attainment is frequently valued by other disciplines and the general public, as well.

⁶Nurses' neglect of their history is disappointing because nursing's earliest researchers were historians. Nursing possesses a masterpiece in the work of Nutting and Dock. See M. Adelaide Nutting and Lavinia L. Dock, A History of Nursing: The Evolution of Nursing Systems from Earliest Times to the Foundations of the First English and American Training Schools for Nurses, 4 vols. (New York: G. P. Putnam's Sons, 1907; 1912). It is also the good fortune of nursing and medicine that the first known woman historian was Anna Comenena (1083-1148), daughter of the Byzantine emperor, Alexius I (Comnenos). She had a gift for writing about medical matters and patient care--one of her major interests. Considered to be one of the "great historians," Anna Comenena wrote Alexiadis, a history covering the reign of Alexious I and the First Crusade. See Vassiliki a. Lanara, Heroism as a Nursing Value: A Philosophical

Perspective (Athens, Greece: Sisterhood Evniki, 1981). Also see Georgina Buckler; Anna Comnena (London, England: Oxford University Press, 1929).

⁷According to Gerda Lerner, an essential part of the history of women [which includes nursing] is the emerging of feminist consciousness as a historical phenomenon. This remains to be explained. See Lerner, The Female Experience.

⁸"The Lady with the Lamp" became Nightingale's title because while nursing at Scutari, she was said to have made nightly rounds after the other nurses retired. She always carried her famous "lamp." It consisted of a candle in a candlestick with a wind shield to prevent it from extinguishing. Nightingale stopped to see the most seriously ill patients. In 1857, Henry W. Longfellow immortalized this "Lady with the Lamp" in his poem "Santa Filomena." See Donahue, Nursing: The Finest Art. While Longfellow's verses were laudatory, they were also responsible for romanticizing Nightingale and her work. As a result, nurses themselves have tended to think of her as a "saint" rather than as the woman she was--one with clout. Upon her return from the Crimea, Nightingale was a force with which to reckon. A portion of Longfellow's poem follows: "Lo! in that house of misery/ A lady with a lamp I see/ Pass through the glimmering gloom/ And flit from room to room/ and slow, as in a dream of bliss/ The speechless sufferer turns to kiss/ Her shadow, as it falls/ Upon the darkening walls." Longfellow quoted in Grippando, Nursing Perspectives and Issues, 29. Longfellow's choice of a title for the poem is interesting. "Filomena" is a variation of "Philomena." St. Philomena was unknown until 1802 when her grave was discovered in the catacomb of St. Priscilla on the Salarian Way. The inscription on nearby tiles, "lumena paxte cymfi" could be rearranged to make Pax tecum Filumena. Although never canonized, this woman was at once accepted as a saint by the masses. Many miracles were ascribed to her which promoted her popularity during the nineteenth century. See the Reader's Encyclopedia, s.v. Philomena; Filumena. Also, in mythology, the nightingale is often referred to as a philomela. In Greek mythology, Philomela was the sister of Procne. King Tereus, Procne's husband, hid his wife and married her sister, Philomela, whose tongue he cut out to silence her. All three were changed into birds by the gods.

Philomela became the nightingale and the name is used in poetic references to that bird. See The Columbia Viking Desk Encyclopedia, s.v. Philomela. In "real life," Florence Nightingale and her sister did not share a husband. However, Sir Harry Verney, a widower, had courted Florence in the summer of 1857, and later that year proposed marriage. After she refused him, he transferred his affection to her sister, Parthe, whom he married in the summer of 1858. This worked out well for all concerned. Florence Nightingale would prove impossible to silence. She was living proof that "the pen was mightier than the sword." See George Pickering, Creative Malady: Illness in the Lives of Charles Darwin, Florence Nightingale, Mary Baker Eddy, Sigmund Freud, Marcel Proust, Elizabeth Barrett Browning (New York: Oxford University Press, 1974).

⁹Mary Lewis Coakley, "Florence Nightingale: A One-Woman Revolution." Journal of Christian Nursing 6, no. 1 (Winter 1989): 20-25; For a detailed account of Nightingale's life after the war, see Pickering, Creative Malady.

¹⁰See Forster, Significant Sisters. Also, Frances T. Smith, Florence Nightingale: Early Feminist." American Journal of Nursing 81, no. 5 (May 1981), Reprinted in The Pages of Nursing History (New York: American Journal of Nursing Company, 1984): 9-12.

¹¹Ibid.; Cultural feminism is referred to as the "Second Tradition" in feminist philosophy. Also, see Bunting and Campbell, "Feminism and Nursing;" Peggy L. Chinn and Charlene Eldridge Wheeler, "Feminism and Nursing," Nursing Outlook 33, no. 2 (March/April 1985): 74-77; Miller, "Feminist Ideology in Nursing;" and Maria Riley, Transforming Feminism (Kansas City, MO: Sheed and Ward, 1989).

¹²See Luepnitz, The Family Interpreted.

¹³Liberal feminists tend to be very critical of cultural feminists. They fear the separate spheres doctrine because they believe that women's sphere has always been viewed as the lesser world. However, it has been the intellectual tension between the two traditions that has

resulted in the growth of feminism. See Luepnitz, The Family Interpreted. Also, Forster, Significant Sisters; and, Nightingale, Cassandra.

¹⁴Florence Nightingale to Harriet Martineau, November 30, 1858 (Nightingale Papers vol. 2. Add. MS 45 788 BM): quoted in Forster, Significant Sisters, 94.

¹⁵Forster, Significant Sisters.

¹⁶Florence Nightingale to John Stuart Mill, August 11, 1867 (add. MS 39 927 BM): quoted in Forster, Significant Sisters.

¹⁷Forster, Significant Sisters.

¹⁸Florence Nightingale to John Stuart Mill, August 11, 1867 (add. MS 39 927 BM): quoted in Forster, Significant Sisters.

¹⁹Ibid.

²⁰Forster, Significant Sisters.

²¹Ibid. It is clear from reading Forster that Florence Nightingale believed that there was much work that women could do to improve society. Cultural feminists also held this presumption. See Donovan, Feminist Theory.

²²See Florence Nightingale, Appendix to Notes on Nursing: What It Is and What It Is Not (New York: D. Appleton and Company, 1860).

²³Forster, Significant Sisters.

²⁴Florence Nightingale to Mary Jones (1867) quoted in Brian Abel-Smith, A History of the Nursing Profession (England: Heinemann, 1960): 25.

²⁵Forster, Significant Sisters.

²⁶Ibid., 96.

²⁷See Sir Edward-Cook, The Life of Florence Nightingale, vol. 1 (London, England: Macmillan, 1913). Also, Irene Sabelberg Palmer, "Florence Nightingale: Reformer, Reactionary, Researcher," (Original work printed in Nursing Research, 26, no. 2, March/April 1977), Reprinted in Pages from Nursing History (New York: American Journal of Nursing Company, 1984): 13-18.

²⁸Ibid., 14. In making this statement, Nightingale was not suggesting that creative work should not be evaluated. Rather, she was stating that in order to be a successful reformer, it was necessary to dissent in a positive manner--by creating something of worth.

²⁹The very idea of an English woman going to the "front" to nurse soldiers during a war was revolutionary. When Nightingale arrived, she kept the rules by waiting to nurse the wounded until she was asked to do so. Nightingale was courageous but she relied on her intuition or "common sense" when breaking society's rules. She also knew when to keep them. See Irene Sabelberg Palmer, "Nightingale Revisited," (original work printed in Nursing Outlook, 31, no. 4, July/August 1983). Reprinted in Pages from Nursing History, 4-8.

³⁰Palmer, "Florence Nightingale," 13-14.

³¹See Clare Coss, ed., Lillian D. Wald: Progressive Activist (New York: The Feminist Press, 1989); Daniels, Always a Sister; R. L. Duffus, Lillian Wald: Neighbor and Crusader (New York: Macmillan, 1938); Chesler, Women of Valor; Sanger, An Autobiography.

³²See Daniels, Always a Sister.

³³Ibid.; Duffus, Lillian Wald.

³⁴Lillian Wald to George P. Ludlum, 27 May 1889, NYPL, Wald MSS, quoted in Daniels, Always a Sister, 13.

³⁵Daniels, Always a Sister.

³⁶Ibid.

³⁷Ibid.

³⁸Wald to John Foster Carr, 30 June 1920, NYPL, Wald quoted in Daniels, Always a Sister, 12.

³⁹Daniels, Always a Sister.

⁴⁰See George Eliot [Mary Ann Evans], The Mill on the Floss (first published in 1860; Reprinted, New York: Avenel Books, 1986).

⁴¹Ibid., 557-558.

⁴²Daniels, Always a Sister.

⁴³See Eliot, The Mill on the Floss.

⁴⁴Duffus, Lillian Wald, 16; Lillian Wald tended to make an impression on everyone who saw her. She was always stylish and well dressed. Rose Cohen, an alumna of Henry Street Settlement, remembered first seeing her as a child and wrote: "I opened my eyes and saw a woman, a stranger, sitting beside the couch. Neither in looks nor in dress had I ever seen one like her.... She was... beautiful and distinguished." Rose Cohen, Out of the Shadow (New York: George Doran, 1918), 230-232.

⁴⁵Daniels, Always a Sister.

⁴⁶See Duffus, Lillian Wald, 17-19, to the New York American, 20 June 1923, NYPL; Wald MSS in Daniels, Always a Sister, 16.

⁴⁷Coss, Lillian D. Wald.

⁴⁸Ibid.

⁴⁹Ibid.

⁵⁰Lillian Wald, The House on Henry Street (New York: Henry Holt and Company, 1915), 4-8.

⁵¹See Teresa E. Christy, "Portrait of a Leader: Lillian D. Wald," (Original work published in Nursing Outlook, 18, no. 3, March 1970) Reprinted in Pages from Nursing History, 84-88.

⁵²Lillian Wald, Speech, "Social Possibilities," NYPL, Wald MSS, quoted in Daniels, Always a Sister, 85.

⁵³Daniels, Always a Sister.

⁵⁴Coss, "Chronology," in Lillian D. Wald, xv-xxvii; Also, see Teresa E. Christy, "Portrait of a Leader: Lillian D. Wald."

⁵⁵Daniels, "Introduction," in Always a Sister, ix-x.

⁵⁶See J. R. Greenberg and S. A. Mitchel, Object Relations in Psychoanalytic Theory (Cambridge, MA: Harvard University Press, 1983); Luepnitz, The Family Interpreted.

⁵⁷Ibid.

⁵⁸Ibid.

⁵⁹See Chesler, Woman of Valor; Madeline Gray, Margaret Sanger: A Biography of the Champion of Birth Control (New York: Richard Marek Publishers, 1979); Emily Taft Douglas, Margaret Sanger: Pioneer of the Future (New York: Holt, Rinehart and Winston, 1970).

⁶⁰Douglas, Margaret Sanger, 8.

⁶¹Ibid.; Chesler, Woman of Valor.

⁶²Gray, Margaret Sanger.

⁶³Ibid.; Chesler, Woman of Valor.

⁶⁴Gray, Margaret Sanger.

⁶⁵Ibid.

⁶⁶Sanger, An Autobiography; Also, see Mary-Ann Ruffing-Rahal, "Margaret Sanger: Nurse and Feminist," Nursing Outlook 34, no. 5 (September/October 1986): 246-249.

⁶⁷Sanger, An Autobiography, 55.

⁶⁸James Reed, "Doctors, Birth Control, and Social Values 1830-1970, 11 in Morris J. Vogel and Charles E. Rosenberg, eds., The Therapeutic Revolution: Essays in the Social History of American Medicine (Philadelphia: University of Pennsylvania Press, Inc., 1979): 109-133.

⁶⁹Ibid.

⁷⁰Ibid.

⁷¹Sanger, An Autobiography.

⁷²Ibid., 85.

⁷³Ibid.

⁷⁴See Forster, Significant Sisters, 241-275. Also Ruffing-Rahal, "Margaret Sanger."

⁷⁵Reed, "Doctors, Birth Control and Social Values."

⁷⁶Margaret Sanger, Woman and the New Race (New York: Brentano, 1923), 94.

⁷⁷Ruffing-Rahal, "Margaret Sanger."

⁷⁸Chesler, "Introduction," in Woman of Valor, 13.

⁷⁹Ibid.; Also, see Douglas, Margaret Sanger.

⁸⁰Ibid.; Gray, Margaret Sanger; Nursing Hall of Fame (Kansas City, MO: American Nurses' Association, 1982): 16.

⁸¹Victor Cohn, "Sister Kenny's Fierce Fight for Better Polio Care," Smithsonian 12, no. 8 (November 1991): 181-200.

⁸²Kenny, And They Shall Walk.

⁸³Ibid.

⁸⁴Ibid.

⁸⁵Ibid.; Cohn, "Sister Kennys Fierce Fight."

⁸⁶Kenny, And They Shall Walk, 17.

⁸⁷Ibid.; Cohn, "Sister Kenny's Fierce Fight."

⁸⁸Ibid.

⁸⁹Kenny, And They Shall Walk, 23.

⁹⁰Ibid., 24.

⁹¹Ibid.; Jean Marlow, "Elizabeth Kenny (1886-1952): Medical Revolutionary," chap. in The Great Women (New York: Galahad Books, 1979): 259-265.

⁹²Ibid.

⁹³Cohn, "Sister Kenny's Fierce Fight." Also, see Philip A. Kalisch and Beatrice J. Kalisch, The Changing Image of the Nurse (Menlo Park, CA: Addison-Wesley Publishing Company, 1986, 118-122.

⁹⁴Ibid.; Cohn, "Sister Kenny's Fierce Fight;" Kenny, And They Shall Walk.

⁹⁵Ibid.

⁹⁶Ibid.

⁹⁷Ibid.

⁹⁸Marlow, "Elizabeth Kenny."

⁹⁹Cohn, "Sister Kenny's Fierce Fight."

¹⁰⁰Ibid.

¹⁰¹Marlow, "Elizabeth Kenny."

¹⁰²See Cohn, "Sister Kenny's Fierce Fight." Also, see Victor Cohn, Sister Kenny: The Woman Who Challenged the Doctors (Minneapolis: University of Minnesota Press, 1975).

¹⁰³Cohn, "Sister Kenny's Fierce Fight."

¹⁰⁴Ibid.

¹⁰⁵See Balin, Achieving Extraordinary Ends.

¹⁰⁶Cohn, "Sister Kenny's Fierce Fight."

¹⁰⁷Sister Kenny 116 min. B & W. Released 7/17/46.
Distributor: RKO. Director: Dudley Nichols, Screenplay:
Dudley Nichols, Alexander Knox, Mary McCarthy, adapted from
the autobiography by Elizabeth Kenny, And They Shall Walk.

¹⁰⁸Ibid.

¹⁰⁹Lerner, The Creation of Feminist Consciousness.

¹¹⁰Ibid.

¹¹¹Cohn, "Sister Kenny's Fierce Fight."

¹¹²Kenny, "Appendix III," And They Shall Walk, 279.

¹¹³E. J., "It Took Thirty-three Years," Canadian Nurse
39, no. 8 (August 1943): 509-511.

¹¹⁴Ibid., Kenny, And They Shall Walk.

¹¹⁵Ibid.

¹¹⁶E. J., "It Took Thirty-three Years," 511.

¹¹⁷See Lerner, The Creation of Feminist Consciousness.

¹¹⁸Sister Kenny was frequently described as being
charismatic. She was ridiculed by male physicians and
sociologists for this attribute. See J. E. Hulett, Jr.,
"The Kenny Healing Cult: Preliminary Analysis of Leadership
and Pattern of Interaction," American Sociological Review
10, no. 3 (June 1945): 364-372.

¹¹⁹Kenny published her textbook--Infantile Paralysis and
Cerebral Doplegia--in Australia in 1937.

¹²⁰See Kenny, And They Shall Walk; Also, see Hulett, "The Kenny Healing Cult."

¹²¹There were times when Kenny claimed to receive special knowledge in dreams or visions. One such instance took place when she served as a nurse on the ship Marathon during World War I. See Kenny, And They Shall Walk, 56-57.

¹²²Ibid.

¹²³For a discussion of the many ways in which women integrate their experiences, see Mary Field Belenky, Blythe McVicker Clinchy, Nancy Rule Goldberger, and Jill Mattuck Tarule, Women's Ways of Knowing (New York: Basic Books, 1966).

¹²⁴See Cohn, "Sister Kenny's Fierce Fight."

¹²⁵See Hulett, "The Kenny Healing Cult."

¹²⁶Cohn, "Sister Kenny's Fierce Fight," 198.

¹²⁷Ibid.

¹²⁸Alan Alda, quoted in Cohn, "Sister Kenny's Fierce Fight," 200. It is interesting to note that Alan Alda, whose name at birth was Alphonse D'Abruzzo, chose as his name professional name, "Alda." Alda is the last syllable of Sister Kenny's birthplace, Warialda (place of wild honey). He also named one of his three daughters, Elizabeth, Sister Kenney's Christian name. See Joan Wilen and Lydia Wilen, The Perfect Name for the Perfect Baby (New York: Fawcett Columbine, 1993), 159, 164.

¹²⁹See Forster, Significant Sisters; J.F.G., "The Lady from Australia," The Trained Nurse 109 (July 1942): 36-37; Kenny, And They Shall Walk; Elizabeth Longford, "Florence Nightingale 1820-1910," in Eminent Victorian Women; JoAnn G. Wilderquist, "The Spirituality of Florence Nightingale," Nursing Research 42, no. 1 (January/February 1992): 49-55.

¹³⁰For a definition of cultural feminism, see Bunting and Campbell, "Feminism and Nursing;" Forster, Significant Sisters; Miller, "Feminist Ideology in Nursing."

¹³¹Lerner, The Creation of Feminist Consciousness, 10.

¹³²See Donahue, Nursing: The Finest Art.

¹³³See David Levin, History as Romantic Art (Stanford, CA: Stanford University Press, 1959).

¹³⁴Kalisch and Kalisch included information on Margaret Sanger's work as a nurse activist in their textbook, The Advance of American Nursing. They also discussed Sister Elizabeth Kenny's story in another book, The Changing Image of the Nurse. These books were published in 1986 and 1987, respectively. It has often been suggested that Margaret Sanger did not wish to identify herself as a nurse. However, the evidence does not support this. In her autobiography she portrayed herself as proud to be a nurse. Because she represented herself as a "trained nurse," she was asked to direct the evacuation of the children of laborers from Lawrence, Massachusetts, during the labor strike in that town during January and February of 1912, in which 30,000 workers left their jobs in cotton and woolen mills. She was later called to Washington, D.C., to testify before the House Committee on Rules on the physical state of the children. See Kalisch and Kalisch, The Advance of American Nursing. The following is a short excerpt from the record concerning Sanger's appearance before the Subcommittee: "Mrs. Sanger: 'Yes, sir. I am a trained nurse, and I was especially interested in the condition of the children.' Mr. Pou: 'Now as a rule, is it true that the children of the working people in Lawrence--the class we are investigating--now only got meat once a week?' Mrs. Sanger: 'Those were the assertions of not only the children but of the parents that I interviewed.' Rep. Martin B.: 'You say that you are a trained nurse?' Mrs. Sanger: 'Yes, sir.'" See Sanger, An Autobiography, 88-89. Margaret envied her sister, Ethel, who actually earned a nursing diploma. Margaret had been forced to quit nursing school before she received hers when she married Mr. William Sanger. However, Margaret frequently claimed to be a nurse and, in fact,

supported herself as a private midwife and children's nurse. See Gray, Margaret Sanger.

¹³⁵Mildred E. Newton, "The Case for Historical Research," Nursing Research 14, no. 1 (Winter 1965): 22-23.

¹³⁶See Donahue, Nursing: The Finest Art.

¹³⁷Isabel M. Stewart, The Education of Nurses (New York: The Macmillan Company, 1943), viii.

CHAPTER VII

CREATIVITY, NURSING, AND MEDICINE

Many nurses have been alienated from their collective experience through ignorance of their history, but not all. There have been other nurses who have been fully cognizant of the profession's illustrious heritage. However, even those who have been aware of the accomplishments of their recent predecessors have shied away from extolling their praises. At times, it has appeared as though nurses have engaged in a silent conspiracy to bar from their shared memory an awareness of the very attainments that should have been their profession's greatest source of pride and gratification.

The propensity for members of this women's profession to repress their pride and enjoyment in their creative attainments was reminiscent of women's denial of their pleasure in their procreative capacity. As previously stated, Fromm-Reichmann and Gunst believed that men's fear and envy of women's procreativity caused women to hide their pleasure in this ability from men and even themselves.

Women hoped to gain men's protection in return for assuaging their envy.

There was considerable evidence that physicians [men] have feared the creative attainments of nurses [women]. One such example was recorded by Sister Elizabeth Kenny in her autobiography. She wrote that the Australian physician, Sir Ralph Cilento, had tried falsely to convince her that an American physiotherapist had already published a textbook describing a treatment for poliomyelitis that was identical to her own. Cilento insinuated that it would be a waste of time for Kenny to complete her own manuscript. In commenting on this episode, the historians Philip and Beatrice Kalisch stated:

Dr. Raphael Cilento stooped to tactics more unscrupulous than mere ridicule, misrepresenting Miss Kenny to the press and falsifying information. He actually stole the only two existing manuscripts of her first book, but her persistent efforts to secure return of a manuscript were rewarded by its publication in 1937.¹

Like Kenny, Nightingale, Wald, and Sanger reported that at times, physicians were their antagonists.² Yet, they persevered. However, physicians' angst certainly influenced other nurses to downplay their pleasure and pride in their creative work.³ Even so, this could hardly account

for nursing's failure to recognize the unique, creative capacity of its members. There was another explanation, and it, too, had been identified by Fromm-Reichmann and Gunst. They suggested that the second reason why women denied their pleasure in their procreative ability was because they realized that they were dependent upon men for its realization.⁴ Fromm-Reichmann and Gunst wrote:

No woman can fulfill herself unless a man creates a bridge, as it were, between her inner organs and outer reality. Therefore, she complies with the cultural values as presented by men. Should she try not to, she might appear ridiculous in this culture.⁵

They reminded their readers that the fear of ridicule was considered to be the greatest fear of human beings and was effectively used by some American Indian tribes as a means of social control.⁶ Apparently, fear of ridicule has also caused nurses to disregard their own creative attainments.

To understand why nurses have feared ridicule, one needs to recall that at the turn of the century most physicians were men, and the vast majority of nurses were women. The role of the nurse was often confused with that of the mother.⁷ This made it easy for physicians, nurses, and the general public to confuse the requirements for creativity with those for procreativity.

Although women could not procreate autonomously, this limitation did not apply to nurses who desired to produce creative work. Nursing's most important attainments were achieved when its practitioners were engaged in projects independent of the medical profession. Nurses such as Nightingale, Wald, Sanger, and Kenny aspired to realize their own creative visions. They believed that exercising the freedom to create in a field of their own was preferable to gaining equality with men in masculine spheres of influence.

In their own discipline, nurses were able to use their knowledge, skills, and feminine modes of thinking and activity to achieve major attainments. Their work was beneficial to society because it promoted mental and physical health and prevented illness. Their achievements demonstrated the value of creative work based on the tenets of both classical creativity theory and the philosophy of cultural feminism.

Unfortunately, autonomous nurses caused great anxiety in physicians. They opposed the idea that nursing could be an independent profession. Dr. Thomas Satterthwaite

asserted that the major problem with nursing was that it included a few:

women, possessed, I am sorry to say, of inordinate ambition, and having improper conceptions of the relative position they hold to physicians on the one hand and to patients on the other. They have interjected into nurses' associations ideas that are erroneous and full of danger to the nursing community ... while we as physicians have failed to recognize the grave consequences of the movement.⁸

Although nurses aspired to improve patient care, physicians interpreted their independence as disloyalty to patients and to themselves. The possibility that nurses [women] could have patients [children] independent of physicians [men] was unthinkable to the average medical doctor and not a few nurses, themselves. Nurses appeared to fear ridicule from physicians and the public if they were to boldly claim that they had no need for physicians to "build a bridge" [provide them with legitimate access to patients].

In the West, under male governance, dominance of women by men was accepted as the cultural norm and supported by hallowed myth.⁹ It was also sustained by childhood fairy tales that not only presented the world as it was but as it "should be."¹⁰ This endowed male governance with a sacred quality that rendered it impervious to questioning. The incentive for nurses to comply with the dominant values of

the culture in which they practiced should not be underestimated.¹¹ After all, most nurses had been reared on the gospel according to the Brothers Grimm. For example, in their most formative years, nurses had learned what happened to Little Red Cap when she dared to stray from the path. She met the wolf and only the huntsman could save her. There was no reason for nurses to believe that their fate would be different from that of the lass with the "goodie basket"--even if her cap of velvet had been crimson, rather than white. Like all youths, future nurses had been denied the knowledge of the little girl in the original folktale. They knew nothing of her creative accomplishments or her knowledge of medicinal herbs. No one had ever told them how she had "slipped the loop" and escaped the wolf of her own volition. Rather, nurses had learned from the story of "Little Red Cap" and similar tales that to survive and prosper, compliance was "all."¹² And, comply, they did to the detriment of their own creativity.

The Nurse-Physician Relationship

During the first half of this century, a symbiotic relationship developed between nurses and physicians. It has been one in which physicians have dominated and nurses

have been exploited. As long as nurses are willing to continue an association of commensalism, their exploitation will persist. There was, and still is, a conflict of interest between the two professions. While medicine has been disease-oriented, nursing has insisted that its main objective is to prevent illness and promote health).¹³

That nursing and medicine had different objectives was not surprising to cultural feminists. According to their tenets, medicine's narrow focus on the treatment of disease was in keeping with the segmented world view of its male practitioners. So, too, the wider objective of promoting health was more compatible with the holistic vision of women in nursing. It was because of this difference in professional objectives that Nightingale, Wald, Sanger, and Kenny carried on their creative work with little support from physicians. In some instances, they were actually hindered by members of the medical profession.

Physicians did not have to be astute to realize that if nurses became adept in promoting health they would diminish the power of medicine. In 1944, one physician wrote, "Preventive medicine constantly strives to eradicate that by which it lives."¹⁴ Members of the medical

profession understood that if nurses were to become effective in providing preventive health care, the result would be the same.

Jo Anne Ashley examined how this knowledge caused members of the medical profession to lure nurses into believing that they could work with physicians as a team--with the physician as team leader. Ashley understood that the relationship between medicine and nursing was based on myth and that the myth took the form of "holy matrimony." Once they began working as teams, the subservience of nurses to physicians began to mimic that of wives to their husbands. The mystic "matrimonial bond" became legalized with the passage of registration and licensing laws.¹⁵

Nurses sought licensure in order to gain recognition for themselves and to protect the public from substandard care at the hands of untrained laynurses. Although licensure eventually gave nurses the recognition they desired, it did not give them the freedom to function independently of physicians. Instead, the state licensure laws institutionalized the inequality between nurses and physicians.¹⁶ Ashley succinctly described the situation when she wrote:

The nurse practice acts gave legal sanction to medical sexism; men were to supervise women whether they were in the presence of these women or not. This supervision was then, and is still, literally an impossibility in many cases because physicians are not present in most of the settings where nurses are engaged in practice.¹⁷

Of course, it did not matter to physicians that they were not present when nurses actually practiced. What was important was that they had managed to engage nurses in a subservient role, carrying out their orders while focused on the treatment of disease. It was not the supervision of the individual nurse that concerned physicians, but rather the right to supervise the entire nursing profession! This was acknowledged by one physician who warned: "Doctors must not divorce themselves from supervising the nursing profession; doctors must not loosen the reins."¹⁸

It was the creative attainments of Lillian Wald and Margaret Sanger which involved a relationship between nursing and the public that physicians had found most threatening. Once medicine had established the legal right to supervise nursing, fewer nurses engaged in the type of creative work carried out by Wald and Sanger. Nurses had lost their autonomy and now faced legal impediments when they sought to be independent and creative.¹⁹

Rather than arouse the ire of physicians or cause public controversy and risk appearing ridiculous, nurses found it easier to join with physicians in their focus on disease.²⁰ Even so, being more holistic in outlook than physicians, nurses were soon as concerned with caring for their patients as they were with curing them.

Like physicians, nurses became absorbed in their work. Advances in science and medicine were unprecedented. The Zeitgeist of the twentieth century was the scientific method and its product was technology. While many nurses became engaged in its application, others sought to broaden the scope of nursing education. When nurses first began to matriculate at universities, they met with criticism from physicians and hospital administrators. However, as nurses commenced to take on more technical responsibilities, their need for a sound knowledge base, in addition to skills, became apparent to members of the larger society. Soon public funds became available for the financing of nursing programs and even doctors and hospital managers acquiesced. As NLN standards for diploma schools increased, few hospital administrators could deny that the operation of a modern nursing program was an expensive proposition. Eventually,

many of them became cost prohibitive. Also, applications for admission had leveled off. Nurses were spreading the word that the hospital operated programs failed to provide an adequate foundation for specialization and advancement. High school graduates were entering associate degree and bachelor's programs in ever increasing numbers.²¹

Nurse Practitioners

In the mid-nineteen-sixties, nurses were earning more baccalaureate and master's degrees than ever before. Nursing practice was beginning to change and expand as these new graduates assumed leadership roles and asked questions that had never occurred to the hospital prepared nurse.²²

At the same time, many social pressures were converging on the delivery of medical care in the United States. Physicians were unequally distributed geographically. Not a few young interns were choosing to enter medical specialties instead of taking up general practice. Upon completing their residences, they preferred to stay in the wealthier cities.²³ These offered the attractions of large university hospitals, good schools for their children, theaters, museums, restaurants, entertainment, and other amenities.

As a result of physicians' choice of locale, whole sections of the country, including many rural areas, lacked access to medical care. Not only the working class but also the underprivileged living in ghettos were neglected. Concurrently, the cost of both inpatient and ambulatory care was rapidly escalating. The time was ripe for the introduction of new methods to improve the delivery of health care services. For years, public health nurses had been providing "well baby care" for families in their districts. It seemed only pragmatic for nurses to learn to do physical examinations in order to treat the minor illnesses of their young patients.²⁴

In 1965, a four-month program for this purpose was instituted at the University of Colorado. Upon completing the initial training, the nurses spent twenty months working with a pediatrician in order to perfect their skills.²⁵ Other similar programs that focused on adult patients were soon to follow.²⁶ Graduates of these schools referred to themselves as pediatric nurse practitioners (PNPs) or nurse practitioners (NPs).²⁷

Perhaps these titles were ill chosen. They did serve to create considerable controversy within nursing. In a

letter to the editor of Nursing Outlook, Mary Kohnke complained about the most common of these appellations. She wrote, "The frequently used term 'nurse practitioner' is a real sell-out, since a nurse practitioner is a nurse who practices nursing."²⁸ Nurses often lamented that the use of the word "practitioner" by this particular group of nurses suggested that all of the others were not really practicing their profession. The implication that nurses "practiced" only when they took over the activities formerly belonging to medicine was degrading.

In 1975, Joan Lynaugh and Barbara Bates had written an article in which they discussed the special problems of using ambulatory care settings for the learning experiences of nurses enrolled in a nurse practitioner course. These authors believed that the clinical practice was the most crucial part of this type of curriculum. Since graduates of the program would be working with physicians, each student had been assigned to a team of physician-nurse preceptors while learning their new skills. Lynaugh and Bates acknowledged that this had created problems because it was difficult for the preceptors to correct students' mistakes in data collection techniques or clinical judgment without

"putting the student down." They also admitted that it was arduous to obtain student evaluations from the physician member of the team.²⁹

It was this article by Lynaugh and Bates that had been specific in motivating Mary Kohnke's letter to the editor of Nursing Outlook. Kohnke had not hesitated to "vent her spleen":

These programs, purely and simply, prepare physicians' assistants.... As an educator, I was outraged when I read that it was "difficult, if not impossible," to correct student mistakes without "putting the student down." My word! ... It seems that with attitudes like this, using the terms "faculty," "student," and "curriculum" is also euphemistic. The last saddening revelation in the article comes when the nursing member of the team quietly complains that it is difficult to get the physician instructors to evaluate the students. It's bad enough that nurses are selling out nursing by training other nurses to act as disguised physicians' assistants. But when the very group, physicians, who will reap the benefits of this charade will not even fully participate in the educational process, that's revolting.³⁰

In the portion of Kohnke's letter quoted directly above, she voiced three main concerns. Chagrin over the fact that nurses were compromising their principles in educating physicians' assistants was the first. Second, the authors--a nurse and a physician--had feared that nurse practitioner students would interpret constructive criticism

as a "putdown." In so doing, Lynaugh and Bates had expressed a view not unlike that of contemporary creativity theorists such as De Bono and Parsons. These men had claimed that all attempts at evaluation inhibited creativity and, by implication, self-esteem. (It was for this reason they considered the creation of a product as superfluous to the creative process.) It was even possible that Lynaugh and Bates had been influenced by some of these modern theorists. After all, the new view of creativity had made a major impression on nurse educators.

Although neither Lynaugh and Bates nor Kohnke could have been aware of the fact, men, including male theorists, have demonstrated a tendency to minimize the importance of evaluation, criticism, and the final results of their ideas once they have been implemented. For example, Joseph C. Rost recently presented a theory of leadership in which he asserted that leadership took place whenever leaders and their followers intended real change that reflected their mutual (common) purposes. Rost believed it was important that these shared purposes developed over time as the leader and followers engaged in interaction. Yet, he made it very clear that it was not necessary for any intended change to

actually take place in order for leadership to have occurred.³¹

Although Rost acknowledged that his definition of leadership remained one of a process, it was a process that took "the form of relationship."³² He stated, "People choose to be in a relationship; processes often include people who are required to be in them."³³ Rost claimed that people who were "like-minded" developed relationships. He concluded that, "A relationship is a holistic symbol of what leadership is becoming and what it will be in the postindustrial paradigm."³⁴

On first consideration, I found Rost's view of leadership as a relationship appealing. However, on closer examination, it became apparent that he had reduced both the concepts of leadership and relationship to the equivalent of thought processes. Rost wrote that leadership was about difficult decisions that leaders and their collaborators had to make. Since decisions are made with the mind, they require thought. Therefore, like the contemporary creativity theorists who concluded that creativity was a thought process, Rost, too, put a major emphasis on the

place of thought (mutual purposes) when he composed his theory of leadership.

The reason why men were eager to define creativity as a thought process that required no product was discussed in chapter two. However, the motivation for describing leadership as a "mutually intended purpose" that necessitated no actual change was less clear. I was intrigued by the fact that theories of both creativity and leadership--written by men--disposed of a need for evaluation. A major reason for avoiding appraisal is the fear that one's ideas and products will be judged to be imperfect or even failures. The likelihood that this explained why men preferred to avoid evaluating products, criticizing performances, and concerning themselves with end results deserved consideration.

The research of Robert May, a clinical psychologist, proved enlightening. He conducted an exploration of gender that relied on the study of fantasy to explain the complex inner and outer worlds of men and women. He explained:

Some might wonder why we should pay attention to mere products of the imagination to "fantasy." Although the word has a degraded public meaning in our culture, akin to "unreal" or nonsensical, I use it to refer to the rich and varied theater that plays in our heads all the time.... Thus fantasy is

both a vital indicator of what people really care about and is also the emotional reservoir that powers our actions.³⁵

May's study of male fantasies indicated that the usual scenario was likely to be one of initial pride of performance--involving physical and emotional excitement--followed by inevitable collapse into failure and despair. Men both anticipated and feared perdition (final ruin).³⁶

In contrast to men's fantasies, May found that those of women were composed of vignettes where there was a period of suffering and doubt while they struggled to maintain a web of caring relationships. It was followed by a time of final success and happiness.³⁷

Robert May claimed that as a result of both nature and nurture, the male fantasy pattern was one of pride of performance and the female fantasy pattern was that of caring. May attributed this difference to two separate facts out of which psychological sex differences arose--the fact that males and females had different physical bodies and the probability (true in most cultures) that female infants were cared for and reared by someone of the same sex and male infants by someone of the opposite sex.³⁸

May believed that differences in male and female fantasy patterns began soon after birth and that as a result, members of each sex had a rich and varied theater playing in their minds at all times, influencing their behavior. He suggested that the respective male and female stories were not only to be found in individual fantasies, but were also embodied in the Greek/Roman myths. May identified the archetypal male myth as that of Phaëthon, the son of Helios--the Greek sungod.³⁹ The epic of Demeter and Persephone⁴⁰ served as the archetypal myth of women.⁴¹

If May's conclusions are accepted, it becomes apparent why men have tended to avoid examining results, performances, and end products. Their fantasies indicate that they anticipated ultimate failure. In an attempt to mitigate the effect of their expected fiascos, men maintained that it was not the end result but the intention or idea--the thought that counted. In spite of their desire to avoid evaluation of their thoughts and actions, men continued to prize action for its own sake.⁴² According to May, it was men's initial pride of performance (while it was occurring) that provided them with physical and emotional

excitement.⁴³ Even the act of engaging in thought might be experienced as exhilarating.

May's research also suggests why women have been far less hesitant than men to evaluate creations, judge performances, and assess end results. According to May, the motivation behind women's actions was the need to care and to establish a web of human relationships. While this caused them self-doubt and suffering in the beginning, they expected to find success and happiness in the end. Women's fantasies indicate that they anticipated the final outcome of their endeavors would be positive.⁴⁴ Therefore, they had no reason to avoid evaluation and might even have welcomed it. (Of course, their expectations of positive results were in no way guaranteed.)

Mary Kohnke had accused nurse educators of helping physicians to turn other nurses into physicians' assistants [masquerading as nurse practitioners]. She also was incensed that physician preceptors had failed to adequately evaluate the diagnostic work of the nurses enrolled in the program. While Kohnke presented her second complaint as a separate problem, it might very well have served as all the

evidence she needed to prove that her first grievance was well founded.

If, as Kohnke had asserted, the nurse practitioner students were actually expected to serve as physician extenders (ETs), their physician preceptors probably believed that they were providing them with proper supervision for their new function. To expect medical preceptors to assume an evaluative role that nurse educators [mostly women] believed was appropriate would have been unrealistic. Medicine had been a male dominated profession for many years. (Even women physicians were treated as honorary men and expected to adopt some of the values and behaviors of their colleagues.)

The probability that physicians were commandeering nurses to assist them in the practice of medicine was Kohnke's third concern. She was far from the first nurse to voice this complaint. As early as 1901, in another letter to an editor of a nursing journal, the feminist Lavinia Dock penned:

We need, then, to recognize those qualities and characteristics in our work which are superior to what men can teach us and to hold firmly to them, refusing to give them up, and most unremittingly should we resist all attempts to take our right of teaching our own work out of our hands, putting

nurses out of their true relation to their own calling and bringing up a set of satellites of the medical profession, who will be neither doctor nor nurse.⁴⁵

Apparently, Dock had anticipated "nurse practitioner" education. Whereas Kohnke hinted that physicians had a financial interest in training nurses as their assistants, P. C. Kissam did more than hint. Examining the issue from a legal standpoint, he interpreted the delegation of medical procedures to nurse practitioners as a means of extending the physician's hands. He pointed out that the willingness of nurses to work in rural areas benefited medical doctors by allowing them to remain in the prosperous cities. Kissam concluded that both the economic interests and the political power of physicians were served by maintaining strict controls over nurse practitioners.⁴⁶

It was not as though physicians were secretive about their plans to "upgrade" the professional nurse. Writing for the New England Journal of Medicine, Darley and Somers explained how nurses could be taught how to do physical exams and collect clinical data, while at the same time being trained to fit into the medical hierarchy, firmly under a physician's authority.⁴⁷ However, too few nurses routinely read law reviews or medical journals. Their lack

of political sophistication was manifest in their willingness to accept the paternalism offered to them by members of the medical profession.

Nurses were not the only group of health care workers who were willing to assist physicians. At about the same time that nurse practitioner programs were established, a vast number of medical corpsmen were being released from the American Armed Forces. In order to take advantage of the special skills these men possessed, programs such as Duke University's two-year course of study, as well as others modeled after the University of Washington's MEDEX Program--requiring three months of didactic courses and a twelve-month preceptorship--were instituted. They did not lack for applicants. Yet, establishing the legitimacy of this new Physician's Assistant (PA) with the American public posed a problem in the minds of some physicians.

In 1970, when the American Medical Association (AMA) proclaimed that the preparation of the PA was "an idea whose time had come," it also adjudged registered nurses as those best suited for the role. The president of the AMA estimated that about 100,000 nurses were needed for this

purpose.⁴⁸ Of course, his statement should have sounded an alarm bell for organized nursing; predictably, it did not.

In 1975, nurse Jerry L. Weston served as chief of the Social Analysis Branch, Division of Health Services Research and Analysis, Bureau of Health Services Research, DHEW. She complained that the American Nurses' Association responded to the AMA by merely challenging its right to make the announcement. The nursing profession was also questioning the propriety of the AMA's decision to call nurses "physicians' assistants." Nurses should have been debating whether or not it was appropriate for them to serve in such a role.⁴⁹ Obviously, nurses had chosen to "swat at a gnat," but would they also "swallow a camel?"

In response to the AMA statement, Dorothy Mereness, speaking to the members of NLN's Council of Baccalaureate and Higher Degree Programs, expressed the opinion that the skills of the college prepared nurse might be well utilized in the new role--that of physician associate or nurse practitioner. Mereness also introduced the "domain factor." She warned that if nurses did not fill the role others would.⁵⁰ Of course, as Jerry Weston would later observe, if nursing care would not be consistently provided in the new

role, perhaps "others" should do just that. Weston warned against passively accepting the AMA's plan for nursing as a fait accompli.⁵¹

Not everyone agreed with Weston. In her 1972 doctoral dissertation, T. Jean Mazero acknowledged that many in nursing were "upset" at the idea of nurses serving as physician's assistants. She identified them as those nurses who had been striving for professional autonomy. Mazero knew they feared that if nurses accepted the PA role, they would be inextricably linked to the physician in a subordinate position. She complained that these nurses were denying what was a present reality--that nurses were assistants to physicians in the caring process.⁵² Mazero had confused caring with curing. Physicians treated diseases and nurses assisted them in this process. However, caring was, and always has been, the domain of the nurse.

While nursing was the youngest of the professions, it was the oldest of the arts.⁵³ Writing for a medical journal in 1943, W. C. Davison acknowledged that nursing merited recognition as the "cornerstone of its [medicine's] foundation."⁵⁴ According to Isabel Stewart and Anne Austin, the two services, that of caretaker and medicine giver, at

one time may have been united but eventually divided to produce two different kinds of practitioners of the healing arts. One was the caregiver and the other prescribed medicine.⁵⁵ Donahue noted that "the modern doctor has the aura of the medicine man, but the seeds of medical knowledge were sown by the natural remedies of the mother [nurse]."⁵⁶

Mazero appeared not to recognize the division of the two arts. She visualized caring and curing as one entity under the authority of the physician with the nurse as his main assistant. One could only wonder if she was familiar with the work of such nurses as Nightingale, Wald, Sanger, and Kenny. They had not failed to exercise creativity in their autonomous provision of nursing diagnosis and care. Instead of voicing pride in nurses' accomplishments, Mazero pointed out that the nurse could only implement medical care plans under the supervision of a physician.⁵⁷ She placed more value on the services provided by medical doctors than those purveyed by nurses.

Mazero observed that the physician shortage was causing the public to search for a new means of supplementing his [the physician's] scope of caring. She warned:

The physician has turned to the other primary member of the health team seeking her assistance. However the nurse is hesitating, some are even violently refusing to consider the physician's assistant's role.... If nursing rejects this function, and the public decides that it is just the one needed to meet its physician shortage problem, it will educate a health worker to fulfill it.⁵⁸

Mazero's belief that even refusing to consider accepting the role of physician's assistant constituted a violent act was very telling. Apparently she understood physicians to be doing nurses a favor by once again recruiting them to serve as a pair of extended hands. Rather than suspecting physicians of maneuvering to control nurses, Mazero appeared almost sentimental concerning their request.

Mazero had also pointed out that many of the tasks that nurses had previously done were now being carried out by technicians. She concluded that if nurses refused to function in the manner acceptable to physicians and the public, the practice of nursing would become obsolete. Mazero warned that "the onus was on nursing" to prove to the public that nurses were worthy of their hire.⁵⁹

Mazero really had no reason to fear that nurses would refuse to answer physician's call for assistance. Many nurses relished the prospect of engaging in a new type of

practice. Others responded in order to be of service to people in need of care. By January 1994, over 100,000 (the number requested by the president of the AMA in 1970) advanced practice nurses (APNs) were providing primary health services in the United States, most often to underserved populations in rural and inner city locations.

According to the Council of Graduate Medical Education, it will take until the year 2040 to recruit and prepare sufficient primary care physicians to meet the actual demand for them. As of 1994, there were only 206,000 primary health care physicians practicing in the fifty states.⁶⁰ Obviously, the APNs met a real need.

During the election year of 1992, the ANA had endorsed the winning presidential candidate. Democrat, William (Bill) Jefferson Clinton was both the son and grandson of nurses. During the campaign Clinton had been supportive of nursing's goals. He had pledged to take steps to increase the role of nurse practitioners, nurse midwives, and other nurse professionals who provided care independently. His main interest was to decrease expenses, improve health care, and make it available in underserved communities.⁶¹ His wife, Hillary Rodham Clinton, was also

supportive of nursing. After Clinton took office in 1993, the First Lady served as Chair of the Presidential Task Force on Health Care Reform.⁶²

The Clinton Administration proposed the Health Security Act which would remove barriers that prevented the full utilization of advanced practice nurses. (They would be needed to meet the request for primary care services anticipated under a health plan guaranteeing universal access to health coverage.) Many nurses, but not all, were aghast when at the House Delegates Interim Meeting in New Orleans in early December of 1993, the AMA released a report opposing autonomy for advanced practice nurses. Of course, the major issue was the usual one of control.⁶³

Virginia Trotter-Betts, ANA President, accused the AMA of using inaccuracy and innuendo in their report in order to "Undermine advanced practice nurses' 25-year track record of providing high-quality, cost-effective primary care services."⁶⁴ Trotter-Betts identified the control of money as the most important issue for the physicians. She stated, "The AMA wants physician supervision [of nurses] because then the physician gets the first dollar."⁶⁵

In most clinical settings throughout the United States, an advanced practice nurse delivered the service, but the billing was submitted through a physician who received reimbursement, either through public payers or private insurance companies. As of 1992, the average salary of the nurse practitioner was \$43,000 per year. The average net income for physicians was \$170,600.⁶⁶

While the action of the AMA had been a "bitter pill for nurses to swallow," insult was about to be added to injury. Several state medical societies were making an all-out effort to raise funds for their political action committees. They chose to distribute a flier that portrayed nonphysician providers as "quacks" and "flocks of daffy special interest groups." In large block letters the headline on the brochure read, "Don't Let Reform Fowl Up Health Care." The featured image on the center of the page was that of a large white duck with a stethoscope looped around its neck and dragging on the ground.⁶⁷

At one time, it was easy to identify nurses from other hospital personnel by their white caps. After caps became obsolete, it was still possible to spot nurses almost instantly. They were the men and women in "scrubs" with

stethoscopes draped around their shoulders. The implication was obvious.

Suzanne Gordon, author of Prisoners of Men's Dreams, and Judith Shindul-Rothschild, assistant professor at Boston College School of Nursing, responded to distribution of the leaflet. Writing a scathing editorial that appeared in the Los Angeles Times, they minced no words.

Although the [AMA's] brochure does not mention nurses by name, the intent is unmistakable. The duck image conjures up quackery. And you don't have to be an intelligence analyst to substitute "chick" for "fowl," "daffy dame" for "daffy special interest groups" or see "broad" in "broadened wingspan." This classic sexist attack is directed at a profession that has improved the quality of health care--particularly for those whom our medical system has consistently neglected.⁶⁸

By now it should be clear to nurses that although they have successfully provided high quality, cost-effective, primary care to rural and inner city patients for a quarter of a century, they have earned neither gratitude or empathy from the medical profession. In 1970, the AMA proclaimed that preparation of the physician's assistant [nurse practitioner] was "an idea whose time had come."⁶⁹ Yet, over two decades later, physicians showed no interest in an unbiased evaluation of the work of the specially prepared nurses.

The fact that nurses were willing to provide low cost primary care to rural and inner city patients had been beneficial to physicians during the nineteen-seventies. It had freed them up to become medical specialists. However, because of the current national deficit, it is unlikely that there will be a major infusion of federal funds into the health care system in the near future. Both the Democrats and Republicans are now proposing health care plans which endorse managed care and de-emphasize highly specialized medical treatment. As a result of the new priority being given to primary care, increasing numbers of medical students are planning to enter general practice.⁷⁰

Although the AMA's decision [idea] to utilize nurses as "physician's assistants" created an initial brouhaha, and while nurse practitioners served physicians purposes for a time, the AMA's enthusiasm for them has waned.⁷¹ The role of nurse practitioners has been studied from a variety of positions and evidence suggests that they have: 1) received acceptance from patients, 2) improved access to health care for underserved populations, 3) reduced costs in some instances, and 4) provided high quality care.⁷² It is probable that members of the AMA have no interest in an

unbiased examination of this evidence because they suspect that they would not like what they would learn.

Several of the new health care programs, including that proposed by President Clinton, include non-physician providers--nurse practitioners, nurse midwives and advocates of alternative medicine. Some of these providers have capitalized on their lower salaries, advertising that they can provide quality primary care at a lower cost than physicians. If other states follow the example of Alaska and Oregon, they will permit nurses to receive third-party reimbursement for their services, offer a full range of health care ministrations within their scope of practice, and apply for admitting privileges to hospitals.⁷³ It is conceivable that nurses could provide physicians with formidable competition for the dwindling health care dollars.

Circumstances can be interpreted in more than one way, depending upon one's point of view. From the perspective of members of the AMA, in deciding to utilize nurses as physician extenders, they reaped initial benefits but ultimately "shot themselves in the foot."

The fact that physicians remain unimpressed by nurses' success as primary health care providers should not surprise nurses. After all, medicine remains a male dominated profession. As such, it was predictable that its members would follow the masculine pattern of being more enthused about their initial idea to prepare nurses as physicians' assistants than in evaluating the results of their suggestion once it had been implemented. Likewise, male fantasy patterns indicate that men experience exhilaration at the beginning of an endeavor, but expect to "fizzle out" in the end.⁷⁴ It is interesting to note that when men's fantasies are closely examined, they appear to serve as self-fulfilling prophecies. (By forgoing evaluation, men can avoid acknowledging their shortsightedness and failures.)

Although, as previously stated, the numbers of medical students preparing themselves to practice primary care are increasing, it will take until around 2040 to meet the need for them. Therefore, advanced practice nurses will remain in demand. Professional nurses who wish to contribute their time, energy, and resources to meet the medical needs of patients and fulfill the objectives of a

disease-oriented profession will probably continue to do so. However, they deserve to be fully informed and aware that this is what they are doing. While nurses are achieving medicine's goals, usually under physicians' jurisdiction, the nursing needs of the public go wanting. Nurses, themselves, need to become cognizant of this reality.

Although it was probable that advanced practice nurses actually were spending more time performing newly acquired medical skills than those of nursing, it should not be denied that they were providing a much needed public service. If nurses continue to do well in this endeavor, they may win public kudos for themselves and the nursing profession.

Professional nurses who wish to contribute their time, energy, and resources to meet the medical needs of patients and fulfill the objectives of a disease-oriented profession will probably continue to do so. However, they deserve to be fully informed and aware that this is what they are doing. While nurses are achieving medicine's goals, under the jurisdiction of physicians, the nursing needs of the public go wanting. Nurses individually and collectively must be fully cognizant of this reality.

Summary and Conclusions

Many nurses have been kept unaware of the numerous creative attainments of their peers through ignorance of their own profession's history. Even those who have been aware of the creative work of nurses such as Lillian Wald and Margaret Sanger have failed to champion their many accomplishments. Evidence also exists that the fear of appearing ridiculous has kept nurses from taking pleasure in their own creativity. Nurses feared that if they were perceived as being too successful, they would arouse the envy and ill will of the medical profession.

To a great extent this has been a realistic concern. Nurses sought licensure in order to gain recognition for themselves and to protect the public from substandard care by laypersons. Unfortunately, state licensure laws have been used to institutionalize the inequality between nurses and physicians.

A symbiotic relationship has existed between physicians and nurses in which nurses have been dominated and exploited. There is also a conflict of interest between the two professions. Medicine has been disease oriented,

whereas nurses have stated that their main objective was to prevent disease and promote health.⁷⁵

Nurses' long struggle to move their schools of nursing out of the hospitals and into the universities was resisted by hospital administrators and physicians for many decades. However, rapid advances in science and technology soon proved that better educated nurses were a necessity.

As physicians were specializing in ever greater numbers, fewer general practitioners were available to serve rural areas and inner cities. Planning to remain in the desirable university towns, physicians decided to extend their practice by hiring "advanced practice" nurses to work under their "supervision." These nurses would provide primary care to underserved communities. Although programs to train nurses as physicians' assistants or "nurse practitioners" were controversial within the nursing profession, they were popular with some nurses.⁷⁶ By 1994, there were 100,000 advanced practice nurses providing primary health care throughout the fifty states.⁷⁷

With the election of President William Clinton who promised to increase the role of nurse practitioners, midwives and other nurse professionals who provided care

independently, nurses looked forward to gaining increased autonomy. They were bitterly disappointed when in December of 1993, the AMA released a report opposing autonomy for advanced practice nurses. Physicians have been motivated by financial considerations. They desired to continue billing insurance companies for the nurses' services in order to retain a portion of the profit before paying their salaries.⁷⁸ Nurses became incensed when members of several state medical associations distributed fliers that portrayed nonphysician providers (nurses) as "quacks."⁷⁹

Nurses have proven that they were effective in delivering high quality, cost effective primary care to a previously underserved population. Therefore, they expected that physicians would be impressed with their accomplishments. The fact that physicians were not interested in evaluating the nurses' work should not have been surprising. It followed a pattern that can be detected among men working in male dominated professions.

Robert May, a clinical psychologist, researched the private fantasies [thoughts] of both men and women. He reported that men were motivated in their actions by their anticipated pride in their performance, but they had an

accompanying fear of the failure that they expected to experience in the end. Women, in contrast, anticipated a period of doubt and suffering when they began a new endeavor but that they were motivated by a need to care and establish a web of human relationships. May explained that women expected to triumph at the "finish line." He believed that these differences were produced by a combination of both nature and nurture.⁸⁰

May's research results could explain why physicians had followed the male oriented pattern of being more interested in the generation of their "novel" idea to utilize advanced practice nurses as physician extenders than in evaluating the nurses' effectiveness in the new role. May learned that men experienced an initial feeling of exhilaration when they proposed new ideas or began new activities. However, they also expected that they would experience the failure of their endeavors in the end. Therefore, it is logical for men to dispense with evaluations whenever possible. People do not enjoy being confronted with evidence of their defeat.

Members of the AMA were no doubt exhilarated by the major stir they created when they first proposed the "novel

idea" to prepare advanced practice nurses as physicians' extenders. Once nurse practitioners began to successfully administer primary care to patients in rural areas and inner cities, physicians were free to enter the medical specialties and set up practice in university towns. At the same time, physicians maintained control over the nurse practitioners' practice. These nurses received a salary from their physician employers who retained the "first dollar." However, the present trend is toward giving advanced practice nurses more autonomy. It is coming at the same time as a rising national tide toward emphasizing primary care over specialty practice.

While nurses have been preparing themselves to deliver primary care, there remains a shortage of general practitioners of medicine. The AMA is at risk for losing its domination of the health care industry.

Members of the AMA are shrewd enough to realize that an unbiased evaluation of nurses' effectiveness in delivering primary care would support advanced practice nurses in their bid for autonomy. Members of the AMA wish to prevent this at all costs. When one considers that medicine is a male-oriented profession, the majority of

whose members suffer from a proclivity to anticipate defeat, it becomes clear why most physicians display little interest in evaluating the work of nurse practitioners.

In the coming decades, it is probable that many nurses will continue to contribute their time and resources to meet the medical needs of patients and fulfill the objectives of the disease-oriented profession of medicine. Therefore, it is important that they be fully informed and aware that this is what they are doing. While nurses are achieving medicine's goals, the nursing needs of the public remain unmet.

Notes

¹Kalisch and Kalisch, The Changing Image of the Nurse, 120.

²Ibid; See also, Daniels, Always a Sister; Palmer, "Nightingale Revisited; "Ruffing-Rahal, "Margaret Sanger"; Sanger, An Autobiography.

³See Ashley, Hospitals, Paternalism, and the Role of the Nurse.

⁴Fromm-Reichmann and Gunst, "On the Denial of Women's Sexual Pleasure."

⁵Ibid., 77-78.

⁶Ibid.

⁷Donahue, Nursing: The Finest Art.

⁸Thomas E. Satterthwaite, "Private Nurses and Nursing: With Recommendation for Their Betterment," New York Medical Journal, 91 (15 January 1910): 110.

⁹See Mariann C. Lovell, "The Politics of Medical Deception: Challenging the Trajectory of History," in Peggy L. Chinn, ed., Ethical Issues in Nursing (Rockville, MD: Aspen Systems Corporation, 1986, 55-68.

¹⁰Lüthi, "Function and Significance of the Folktale."

¹¹See Zipes, The Trials and Tribulations of Little Red Riding Hood.

¹²Ibid; Although Lavinia Dock had tried to warn her colleagues of physicians' plans to take over nursing education, they had paid her no heed. In 1903 she was too much of a radical feminist to suit most of the leaders in

organized nursing. See Ashley, Hospitals, Paternalism and the Role of the Nurse.

¹³Lovell, "The Politics of Medical Deception."

¹⁴G. Wolf, The Physician's Business: Practical and Economic Aspects of Medicine 3rd ed. (Philadelphia: L. B. Lippincott Company, 1944).

¹⁵Jo Ann Ashley, "Nursing Power: Viable, Vital, Visible." Texas Nursing (August 1976).

¹⁶Ashley, Hospitals, Paternalism, and the Role of the Nurse.

¹⁷Ibid., 117-118.

¹⁸E. W. Stern quoted in Lovell, "The Politics of Medical Deception," 67. See also, E. W. Stern, "The Responsibility of the Doctor of Medicine in the Training of Nursing Personnel and the Governing of Nursing Care Policy in the Modern Hospital." Surgery 46, vol. 2 (August 1959): 444-446.

¹⁹Ashley, Hospitals, Paternalism, and the Role of the Nurse.

²⁰See Lovell, "The Politics of Medical Deception."

²¹See Kalisch and Kalisch, The Advance of American Nursing.

²²See Jerry L. Weston, "Wither the 'Nurse' in Nurse Practitioner?" Nursing Outlook 23, no. 3 (March 1975): 148-152.

²³Ibid.

²⁴Ibid.

²⁵This was the first Pediatric Practitioner Program. See Loretta C. Ford and Henry K. Silver, "The Expanded Role of the Nurse in Child care," Nursing Outlook 15 (September

1967): 43-45. Also, Donahue, Nursing: The Finest Art, 461.

²⁶See Weston, "Wither the 'Nurse.'" According to Grippando, the first Adult Practitioner Program began with Massachusetts General Hospital in the 1960s. She also lists the program at the University of Kansas Medical Center as among one of the early programs. See Grippando, Nursing Perspectives and Issues, 244.

²⁷Grippando lists over 80 titles used by nurse practitioners. See Grippando, Nursing Perspectives and Issues, 249.

²⁸Mary Kohnke to Editor, Nursing Outlook 23, no. 10 (October 1975): 602-603.

²⁹Ibid.

³⁰Ibid., 602.

³¹Joseph C. Rost, Leadership for the Twenty-First Century (New York: Prager, 1991).

³²Joseph C. Rost, "Leadership: A New Conception." Holistic Nursing Practice 2, no. 1 (October 1994): 1-8.

³³Ibid.

³⁴Ibid., 6.

³⁵Robert May, Sex and Fantasy: Patterns of Male and Female Development (New York: W. W. Norton and Company, 1980), x.

³⁶Ibid.

³⁷Ibid.

³⁸Ibid.

³⁹Helios--the Greek sun god drove a golden chariot from his palace in the East to his palace in the West. His son, Phaëthon, once drove his father's chariot but could not

control the horses. He was upset and caused Libya to be turned into parched sands. Phaëthon would have set the entire earth on fire, had not Zeus stopped him with a thunderbolt. See The Columbia-Viking Desk Encyclopedia, s.v. "Helios"; "Phaëthon"; Also, The Reader's Encyclopedia, s.v. "Phaëthon."

⁴⁰In Greek legend, Demeter was an earth-goddess of corn, harvest, and fruitfulness. She was the mother of Persephone (Kore or daughter) by Zeus. Hades, god of the underworld, desired a wife. He noticed Persephone picking flowers [traditionally, daffodils], caused the earth to open, and snatched her away. Demeter, bearing torches, sought her all over the world until Helios told her what had happened. As a result, Demeter left Olympus and the earth turned barren. Disturbed at the blight of the world, Zeus approached Hades to bring a reconciliation. It was arranged that Persephone should spend two-thirds of every year with her mother. During those months the earth flourished. Because she had eaten pomegranate seeds in the underworld, Persephone was not allowed to leave permanently. Therefore, she spent three months of the year with Hades. During those months the earth was barren. See The Columbia-Viking Desk Encyclopedia, s.v. "Demeter"; Also, The Reader's Encyclopedia, s.v. "Demeter."

⁴¹May, Sex and Fantasy.

⁴²Ibid.

⁴³Ibid.

⁴⁴Ibid.

⁴⁵Lavinia Dock, Editorial, American Journal of Nursing 2 (December 1901). Quoted in Donahue, 459-460.

⁴⁶P. C. Kissam, "Physicians Assistant and Nurse Practitioner Laws: A Study of Health Law Reform," University of Kansas Law Review 24 (Fall 1975): 1-65.

⁴⁷W. Darley and A. R. Somers, "Medicine, Money, and Manpower--The Challenge to Professional Education, New England Journal of Medicine 276, no. 26 (June 1967): 1478.

⁴⁸"AMA Unveils Surprise Plan to Convert R.N. into Medic" (News), American Journal of Nursing 70, no. 4 (April 1970): 691ff.

⁴⁹Weston, "Wither the 'Nurse,'" 150.

⁵⁰Dorothy Mereness, "Recent Trends in Expanding Roles of the Nurse," Nursing Outlook 18 (May 1970): 30-33.

⁵¹Weston, "Wither the 'Nurse.'" "

⁵²T. Jean Louise Mazero, "Professionalizing of Nursing in America: A Century of Struggle" (Ph.D. diss., University of Pittsburgh, 1972).

⁵³Donahue, Nursing: The Finest Art.

⁵⁴W. C. Davison, "Nursing as the Foundation of Medicine," North Carolina Medical Journal (April 1943): 141.

⁵⁵Isabell M. Stewart and Anne L. Austin, A History of Nursing, 5th ed. (New York: G. P. Putnam's Sons, 1962).

⁵⁶Donahue, Nursing: The Finest Art, 2.

⁵⁷Mazero, "Professionalizing of Nursing in America."

⁵⁸Ibid., 558-559.

⁵⁹Ibid., 559; It is interesting that Mazero believed nurses had to prove themselves worthy of their salaries. Apparently she felt that physicians who earned far more than nurses were obviously worthy of theirs. This is an example of how women internalize the judgments of their oppressors in a patriarchal society.

⁶⁰Joan Meehan, "ANA Expresses Disappointment over AMA Opposition to APN Autonomy," American Nurse 26, no. 1 (January 1994): 1.

⁶¹[William] Bill Clinton, "Putting People First: A Plan for Affordable, Quality Coverage for All Americans," American Nurse 24, no. 9 (October 1992): 2; See, also, Joan

Meehan, "Clinton Endorsement Announced at Health Care Reform Rally," American Nurse 24, no. 9 (October 1992): 1-2.

⁶²See Hillary Rodham Clinton, "Nurses in the Front Lines," Nursing and Health Care 14, no. 6 (June 1993): 286-288.

⁶³Meehan, "ANA Expresses Disappointment."

⁶⁴Virginia Trotter-Betts quoted in Meehan, "ANA Expresses Disappointment."

⁶⁵Ibid., 3.

⁶⁶Ibid., 3.

⁶⁷For a photo of the brochure, see "If It Walks Like a Duck...." (Pulse points) American Journal of Nursing 94, no. 2 (February 1994): 12.

⁶⁸Suzanne Gordon and Judith Shindul-Rothschild, Editorial, Los Angeles Times, 7 December 1993.

⁶⁹Weston, "Wither the 'Nurse,'" 150.

⁷⁰Suzanne Gordon and Judith Shindul-Rothschild, "The Managed Care Scam," The Nation, (16 May 1994); Reprinted in Utne Reader (September/October 1994): 90-97.

⁷¹See Weston, "Wither the 'Nurse,'" Meehan, "ANA Expresses Disappointment."

⁷²See Michele Phillips, Rhoda Spaulding, and Lynn O'Neal, "Determining Appropriate Funding for Advanced Practice Nurses," Nursing Economics 13, no. 1 (January/February 1995): 12-17.

⁷³See Meehan, "ANA Expresses Disappointment;" Also, see Dana Ullman, "First, Do No Harm," Utne Reader (September/October 1994): 94-95.

⁷⁴May, Sex and Fantasy.

⁷⁵See Lovell, "The Politics of Medical Deception."

⁷⁶See Ford and Silver, "The Expanded Role of the Nurse in Child Care."

⁷⁷See Meehan, "ANA Expresses Disappointment."

⁷⁸Ibid.

⁷⁹Gordon and Shindul-Rothschild, "Editorial," Los Angeles Times.

⁸⁰May, Sex and Fantasy.

CHAPTER VIII

CREATIVITY, NURSING AND FEMINISM

As described in the forgoing chapters, nursing's impact on Western society in both the private and public sphere has been enormous. Therefore, nurses' fear of ridicule for taking pride in their creative attainments can only be understood in the light of what it means to be a member of a woman's profession practicing in a patriarchal culture.

The entire history of the Western world can be interpreted as a tale of class struggle in which non-elite males gradually gained access to both material and educational resources. Women supported men, and even took part in the struggle themselves. Yet, they were excluded from sharing in the direct access to the resources obtained and consequently, from their share of power.¹ The historiographer, Gerda Lerner has summarized the problem:

Not only have women been excluded through educational deprivation from the process of making mental constructs, it has also been the case that the mental constructs explaining the world have been androcentric, partial, and distorted. Women have been defined out and

marginalized in every philosophical system and have therefore had to struggle not only against exclusion but against a content which defines them as subhuman and deviant.... This dual deprivation has formed the female psyche over the centuries in such a way as to make women collude in creating and generationally recreating the system which oppressed them.²

Like other women, nurses, too, have colluded in their own oppression in many ways. In allowing physicians to supervise their profession, nurses made an error of major proportions. In addition, nurses not only refrained from championing their creative attainments in public, but they also permitted their own memories of "past glories" to fade. Finally, nurses embraced the contemporary theory of creativity which required novel thought processes rather than the creation of worthy products or major attainments for its ascription. The results were disastrous to nurses' self image.

In 1992, Joan Mulligan contributed a chapter on nursing and feminism to a textbook on feminist scholarship in academe. This nurse began by writing:

Nursing has been and is a little valued, underpaid, overworked health-threatening woman's occupation in which few women occupy top management positions. In the United States, changes have been taking place in the extended and expanded responsibilities carried by nurses.... These practitioners carry responsibility for management of minor acute and chronic medical problems, freeing physicians for the complex

problems.... Little change seems to have occurred in the past 20 years.³

For a profession that aspired to promote health and prevent illness, Mulligan's description was a sad indictment. There was no reason to disbelieve her. On the other hand, her implication that nursing had little to celebrate could have been predicted by one familiar with the work of Fromm-Reichmann and Gunst. They pointed out that soon after women denied their pleasure in their procreative capacity, they felt compelled to stress the other side of their role:

...the pain of labor connected with childbirth, discomfort accompanying pregnancy, and the pain and discomfort of menstruation. They call the latter the "curse" or "cramps"....⁴

Apparently, nurses' lamentations--following the denial of their own pleasure in creating--emanated from the same force majeure.

In the early part of the twentieth century, nurses such as Lillian Wald, Mary Brewster, and Lavinia Dock experienced both professional and personal fulfillment from engaging in the creative work of nursing.⁵ However, nurses soon allowed physicians to assume supervision of the nursing profession [against Dock's advice].⁶ Thereafter, nurses

became increasingly preoccupied with carrying out doctors' orders. As a result of spending so much of their time helping physicians treat disease, nurses began to neglect their own goal of promoting health. As nurses' own creative ambitions became thwarted, their complaints of being overworked and unappreciated increased. The contrast between Mulligan's 1992 description of nursing (above) and that of Lavinia Dock who described her own experience as one of Lillian Wald's public health nurses is telling:

Each nurse manages her patients and arranges her time according to her best judgment, and all points of interest, knotty problems, and difficult situations are talked over and settled in family council.⁷

One of Lillian Wald's guiding principles was that visiting nurses could respond to calls from people, themselves. Since they did not need to wait for referrals from physicians, nurses were able to act with as little delay and "red tape" as possible.⁸

It is noteworthy that even in the last decade of the twentieth century, nurses have found it difficult to acknowledge that they have paid an exorbitant price for allowing doctors to co-opt their time and talent in the treatment of disease. Instead, nurses tend to identify feminists as the cause of their current woes.

In her chapter on nursing and feminism, Mulligan complained that the feminist movement had served the "female professions" poorly. She felt that by not supporting nursing as a valued discipline, feminist scholars had rendered nursing invisible and had made it more difficult for nurses to achieve equitable compensation for their work. Mulligan asserted that the public image of nursing had been harmed by the second wave of feminism in the United States.⁹

Although Mulligan, herself, disparaged nursing in her opening paragraph, the irony of her expectation that feminists should have seen reasons to champion it was lost on her. Admittedly, feminism and nursing have had a stormy relationship.¹⁰ Influenced by the media's outdated portrayal of nurses,¹¹ feminists relegated them to a ghetto with home economists, dietitians, and cosmetologists. Nurses felt wronged and worse was still to come. In 1979, the feminist, Judy Chicago, unveiled her art project, The Dinner Party. This important work paid homage to hundreds of creative women who had made major contributions to civilization since the beginning of recorded time. Although Chicago had included the names of several nurses, she did not identify them as such. Even Florence Nightingale and Margaret

Sanger¹² were described only as social reformers! Nurses rightly felt slighted and even some feminists registered their chagrin.¹³

During the seventies, feminists placed a low value on the responsibilities nurses shouldered, as well as the care they administered. Nurses were resentful that the problem identified by Ashley was unresolved. She had pointed out that nursing care was perceived as supportive of the physician's work and dependent on his skills alone.¹⁴

A public debate in the press over the worth of nurses work took place in 1991 when Professor Ellen Baer's essay "The Feminist Disdain for Nursing," was published by the New York Times.¹⁵ Her editorial was reprinted later that week in the International Herald Tribune. Baer asserted that nurses "were women about whom feminists liked to feel superior."¹⁶ She described a personal experience to back up her claim and quoting a physician, Dr. Lewis Thomas, Baer argued that "nurses were the glue that held the health care system together."¹⁷ She warned that it was the feminists who were causing the glue to lose its grip because they had directed young people away from nursing and into other fields.¹⁸ Baer indicated that nurses deserved credit for the

fact that the health care system was functioning. She implied that if nursing failed to attract enough new recruits, the entire health care system might collapse. Baer obviously felt nurses were not getting the credit they deserved for the important role they were playing--serving as glue.

Baer, as well as the editors of the newspaper, received a vast number of responses. Many were from nurses and most were supportive of Baer's remarks. One nurse summed up the sentiment that so many others had expressed when she gushed, "My goodness did you ever do us proud."¹⁹ Clearly, Baer had hit a responsive chord in many of her peers. Her article was photocopied multiple times and tacked to bulletin boards in hospitals and clinics nationwide.²⁰

It was the final decade of the century but nurses still did not "get it." Baer and her "cheerleaders" had never stopped to consider if the health care system that nurses were holding together deserved to be preserved.

Nurses appeared oblivious to the fact that the number of Americans losing access to health insurance was increasing daily. Legions of mentally ill people were untreated and living on the streets and a major health care

crisis loomed on the horizon. If nurses had taken time to think about the realities of health care in the United States, it is doubtful that they would have wanted to take credit for maintaining it in its existing state. But nurses were too famished for recognition to be particular about the reason for which it was offered. It was perceptive of Dr. Thomas to remind nurses that they were invaluable as "glue." After all, by offering such faint praise there was always a chance that a major change in the health care system could be forestalled for another twenty years. Blandishment had served physicians well in the past.

Nurses' significant contributions to society had been ignored by feminists. They were overlooked because second wave (contemporary) feminists failed to see beyond the sexist stereotypes of nurses as they were portrayed in the media. These feminists concluded that the work of nurses would always be attributable to physicians' skill.²¹ Therefore, they tended to encourage young women to choose careers in professions other than nursing. This alienated nurses who longed for validation of their attainments.

What nurses failed to appreciate was that feminism is based on more than one theory. There are diverse

philosophical strains that make up the intellectual heritage of modern feminism. ("Women's liberation" as it is depicted by the press actually has very little to do with feminism.)²²

Both first wave feminism (the nineteenth century campaign for women's rights) and second wave feminism have more than one tradition. The adherents of each feminist tradition hold a set of beliefs and have a world view based on a unique philosophy.²³ When a partisan of a particular feminist tradition expresses her opinion based on that tradition's philosophy, she is said to be expressing her feminist voice. Therefore, feminism is understood to "speak with more than one voice."

It is regrettable that when nurses criticized feminism they seldom identified the tradition to which they were referring. Most likely, it was the liberal tradition. A feminist historiographer of nursing, Susan Reverby stated that second wave feminism as portrayed by the media was the liberal version.²⁴

Liberal Feminism

First Tradition (Enlightenment liberal feminism) had strong roots in the philosophy of the eighteenth and nineteenth centuries. This philosophy was also at the core of the American Declaration of Independence (1776) and the French Declaration of the Rights of Man (1789). Liberal feminism stressed equality of opportunity for women and men and objected to the social, economic and political climate which channeled women into inferior roles. Liberal feminists believed that if women were provided with opportunities equal to those of men, their oppression could be overcome.²⁵

Reverby pointed out that in the twentieth century liberal feminism was presented as a struggle by women to value and obtain what upper and middle class white men were perceived to possess. In the health care professions liberal feminism translated into gaining access to a career in medicine. Reverby suggested that nurses rejected liberal feminism, not out of mere oppression, but because in a deep inchoate way they recognized that persons who obsessed with rights usually devalued altruism and caring.²⁶ She reminded nurses that according to feminist psychologists, women desired both autonomy and connectedness.²⁷ Reverby wrote:

In the case of nursing this will require the creation of the conditions under which it is possible to value caring and to understand that the empowerment of others does not have to involve self-immolation.²⁸

Reverby suggested that nurses could do much within their discipline to create this type of atmosphere but that they would not be able to do it alone. She understood that the problems of nursing were enmeshed with Western society's enigmatic issues of gender and class.²⁹

In all probability, Reverby was correct when she warned nurses that by themselves they would not be able to create a caring atmosphere where they could experience both autonomy and connectedness. Nurses need allies and the most logical ones for them to turn to would be feminists--of the Second Tradition.

Cultural Feminism

Enlightenment liberal feminist theory made a major contribution to women's image of themselves as rational, competent, independent persons. However, there were other threads of equal importance woven into nineteenth-century feminist theory. These ideas have been grouped together and are found under the label of "cultural feminism," originally known as the Second Tradition.³⁰

Cultural feminism went beyond rationalist, legalistic liberal theory. Although they recognized the importance of both critical thinking and self development, cultural feminists were equally concerned with the intuitive and collective side of life. Rather than emphasize the similarities between men and women, they pointed out their differences.³¹

Adherents to feminism's Second Tradition were creative. They envisioned ways to change the institutions of religion, marriage, and even home life. These women believed that "Feminine qualities may be a source of personal strength and pride and a fount of public regeneration."³² Rather than viewing the acquisition of women's rights as an end in themselves, these feminists sought the vote in order to be able to move into the public sphere and "clean house" on corrupt politions.³³

At the heart of cultural feminist theory was a matriarchal social value system. It was based on an utopian prehistoric period of "mother-rule." (Anthropologists referred to it as the matriarchate.)³⁴ The goal of the cultural feminists was to create a society influenced by strong women who were committed to feminine values and

concerns.³⁵ These included, "pacifism, cooperation, non-violent settlement of differences, and harmonious regulation of public life."³⁶

Recently, Josephine Donovan suggested that the nineteenth century matriarchal vision arose partly as a means of eternizing the intense female-bonding that was common in that era. (By the last quarter of the same century, these intense female social networks began to dissolve.)³⁷ It is also probable that cultural feminist values were elucidated as a response to the doctrine of Social Darwinism.³⁸

Margaret Fuller (1810-1850)

Cultural feminism as a tradition was initiated by [Elizabeth] Margaret Fuller in 1845.³⁹ It was a byproduct of both American transcendentalism⁴⁰ and European romanticism.⁴¹ This accounted for its stress on the emotional, intuitive side of knowledge. (Intuition was the preferred way to comprehend reality in a world where every natural fact was believed to contain a spiritual truth.)

Like liberalism, romanticism and transcendentalism also share a basic individualism. "But the romantic concept of individualism differed from the liberal in that it posited the individual in the process of organic growth."⁴²

Along with other members of the New England Transcendentalist Club, e.g., Nathaniel Hawthorne, Henry David Thoreau, Ralph Waldo Emerson, the Reverend George Ripley, and [Amos] Bronson Alcott, Margaret Fuller believed that individuals had potential for growth. She felt that they should strive to reach their fullest potential in order to take responsibility for their own lives.⁴³

It was the transcendentalist form of individualism that motivated Alcott to spell out his feelings in his diary:

I would look out upon Nature to find myself; and in this Self Apprehension would I Behold the Divinity as He Is--the I AM.... Hence to study our own life is to study all Life--since in this Life of ours are emblems and representations of every form, and power, and spirit of Life.⁴⁴

Because the individual was viewed as sacred, anything that interfered with personal growth--including society and government--was interpreted as being malevolent. Margaret Fuller was familiar with the work of the English poets, i.e., Coleridge, Carlyle, Keats, Shelley and Wordsworth, as well as the German romantics, i.e., Fichte, Goethe, Hegel, Novalis, and Schelling. Fuller borrowed their romantic concept of the individual and applied it specifically to women.⁴⁵

Margaret Fuller believed that each individual came into the world as a "seed" imprinted with a singular design. She insisted that the design must be allowed to unfold throughout the human lifespan. Fuller concluded that in order to be true to themselves, women should follow the "rule within" and not be coerced "from without" [by men]. She proposed: that women needed to discover who they really were. In order to do this, Fuller recommended that women practice a form of separatism. This would also help them develop self reliance.⁴⁶

As an example of how this might be accomplished, Fuller turned to a story from the American Indian tradition. She described a native woman who believed that she was espoused to the sun. In accordance with this conviction, the woman moved out of her camp, built her own wigwam and filled it with emblems of her perceived status. She commenced to lead an independent life, provided for herself and remained faithful to her supposed spouse.⁴⁷

Fuller was deeply impressed by the fact that the native woman's tribe tolerated her elliptic lifestyle. Fuller urged women to consider the Indian woman as a symbol

of the way they should live--apart from the madding crowd, in solitude, communing with their inner truth.⁴⁸

According to Margaret Fuller, once women were in touch with their inner truth, they would attain their developmental potential. This would allow them to form loving relationships with others. She believed that women should carry on their developmental process both separately and with other women. Asserting that women were the best helpers of one another, Fuller contended that they would discover themselves to have a unique character that was fundamentally different from that of men.⁴⁹ Fuller proclaimed, "Were they [women] free, were they wise fully to develop the strength and beauty of Woman; they would never wish to be men or manlike."⁵⁰

The intuitive intellectual faculty of women was identified by Fuller as their one unique capacity or especial genius. She penned:

[Women's] intuitions are more rapid and more correct. You will often see men of high intellect absolutely stupid in regard to the atmospheric changes, the fine invisible links which connect the forms of life around them, while common women... will seize and delineate these with unerring discrimination.⁵¹

Stated another way, Fuller was saying that women had direct knowledge or learning of situations, people and other beings

without the conscious use of reasoning. Their immediate apprehension and understanding of environmental changes surpassed that of men who failed to see subtle connections.

In the present decade, women's vision is often described as holistic. Because men do not have access to the "whole picture" they often ridicule women's perception of reality. Over the millennia the denial of their views has been detrimental to women themselves. In addition, the rejection of the experience of one half of the human race deprives the world of a component of perception leaving it lopsided and incomplete.⁵¹

Fuller predicted that an infiltration of feminine values would make a radical change in society. She "waffled" somewhat over what that change would actually be. The two possibilities appeared to be feminization of Western culture or a cultural androgyny.⁵² Fuller believed that a psychic synthesis of both masculine and feminine characteristics in society would be reflected throughout the world, creating a complementary of opposites or an organic whole.⁵³

Margaret Fuller was the first woman who wrote a theory of women's differences and contemplated how their lives and that of society would be transformed if their

characteristics were allowed expression. In the future, many feminists would follow her example.⁵⁴

According to Donovan, there was a second incentive for developing a matriarchal agenda. It had to do with the need to respond to the promulgation of the theory of Social Darwinism. When Charles Darwin (1809-1882) first expressed his theory in The Origin of Species by Means of Natural Selection, or the Preservation of Favored Races in the Struggle for Life in 1859, it is probable that he was merely expressing what was already the governing metaphor of the age.⁵⁵ Darwin's theory holds that all species (plant and animal) developed from earlier forms of hereditary transmission of slight variations. Those which made the best adaptation to the environment survived.

Darwin also identified "sexual selection"--the struggle of males for females as the mechanism through which evolution occurred. He did disseminate a doctrine of male superiority. Even so, Darwin did not necessarily impart the philosophy of Social Darwinism. It was Herbert Spencer who became its major proponent. Spencer applied Darwin's concepts to individual races and societies. Therefore, Social Darwinism suggested that whoever "rose to the top"

deserved to be there. Spencer believed that war was necessary for social evolution. Wars were the price that had to be paid for progress.⁵⁶

Charlotte Perkins Gilman (1860-1935)

Charlotte Perkins Gilman, a cultural feminist and leading theorist of the "first wave," interpreted things differently. Along with Peter Kropotkin--who wrote Mutual Aid (1890)--Gilman believed that human beings were evolving toward an evermore collective organization. She perceived that altruism rather than egoism was essential for progress. In her own book, Women and Economics, Gilman argued that people were determined by their social and economic environment. She used the Social Darwinist hypothesis to prove that women's subjugation was unnatural and impeded human progress. Gilman pointed out that the human female had developed a dependence on the male that was artificial and detrimental to both sexes. The essence of her argument was that female reliance on the male had caused the female to channel her primary energy into pleasing men. This was done to assure economic survival. As a result, women were at risk for becoming morbid. Gilman suggested that women were similar to parasites, learning to attract and keep a host.⁵⁷

The ways in which women have been "checked, starved, and aborted in human growth" were enumerated by Gilman.⁵⁸ She was particularly incensed that women have been: 1) refused a chance to physically develop their bodies, 2) expected to dress in confining and frivolous clothing, 3) relegated to the home and prevented from engaging in creative work, and 4) forced into preoccupation with the minute sphere of life.⁵⁹

Although Gilman did not believe that there was a "female mind" she argued that at the present stage in history (the dawn of the twentieth century) men and women were different. She pointed out that where men tended to fight, females preferred to protect and provide. Gilman declared that "mother love" was a socially binding force. Therefore, the feminine power to "make and to save" rather than the masculine power "to spend and destroy" were the qualities most needed by society.⁶⁰ Gilman identified the feminist "sisterhood" as a precursor of a future phase in human social development because it was based on the deep sympathy of women for one another. Gilman elaborated on this theme in her future work.⁶¹

It is noteworthy that Gilman believed that men and women had a different conception of the Supreme Being. She noted that women perceived the Deity as a "Life-giver, the Teacher, the Provider, the Protector."⁶² In contrast, men's religious concepts centered around death and another world. Gilman hypothesized that these differences were caused by the fact that women's glory was in giving life, whereas men were preoccupied with fighting and the hunting and killing of animals--death.⁶³ Death was actually something for them to celebrate!⁶⁴ (It is interesting to compare Gilman's theory concerning religion with Robert May's report on the fantasies of men and women. May found that women fantasized scenes involving relationship and a time of testing and doubt in the beginning but they expected to triumph in the end. Men, on the other hand, fantasized scenes where they experienced initial exuberance but they anticipated final failure.⁶⁴ It may be significant that most of the patriarchal religions also predict a final conflagration or an Armageddon battle at the end of time. (This would epitomize ultimate human failure.)

Margaret Fuller and Charlotte Perkins Gilman were not the only cultural feminist theorists. There were a number of

others. Among them were Crystal Eastman and Jane Addams, both members of the pacifist-social reform group. Eastman developed a "Program for Voting Women" and announced that the major task of the politically enfranchised woman was to bring war to an end. Eastman also asserted that women needed personal sources of joy." She recognized that personal relationships were often not lasting and that therefore, women needed to have "an absorbing interest in life which is not bound up with any particular person."⁶⁵

Jane Addams, Crystal Eastman, and Others

Jane Addams' central position was not just based on women's needs. Rather, she felt that the world required women's special moral sympathies. Charlotte Perkins Gilman spent several months living at Hull House with Addams in 1895. The two women were familiar with one another's ideas. Like Gilman, Addams believed that society was evolving toward a more cooperative social state. Addams also agreed that women's altruism, morality, and nurturing characteristics were needed if this social progress was to occur. Addams understood that women--particularly mothers--had an innate aversion to war and hoped that if

their concerns could be incorporated into international politics wars could be prevented.⁶⁶

Addams did not see the vote as an end in itself but as a means toward the goal of social reform. This was in contrast to liberal feminists' position that gaining the vote was the main objective. Aileen Kraditor labeled Addams' view an "expediency argument." Her choice of the term "expediency" was unfortunate. It tended to disparage the social reform position, implying that it was less "feminist" than the liberal position. In reality, cultural feminists possessed a more comprehensive body of feminist theory than did those feminists who espoused the narrow liberal tradition. It was the cultural feminists who first understood that women forced to live their lives in an isolated domestic world were impacted by the other great social evils. These included economic exploitation, poverty, pestilence, and war. Addams understood that women could not function in the isolation of a domestic sphere because so much of the public sphere impinged upon it.⁶⁷

Two other cultural feminists deserve mention. They are Emma Goldman and Victoria Woodhull. Goldman, an anarchist and also a nurse, was an important theorist. She

will be discussed below with other feminist nurses. Victoria Woodhull articulated a romantic, if anarchistic, view of feminism. Outspoken, she was often ridiculed publicly for her extreme views on love and marriage. Woodhull was not an important theorist but she did publish a series of articles in Woodhull and Claflin's Weekly in the 1870s. It is also noteworthy that she was the first woman to run for the United States presidency. Woodhull was the candidate of the new Equal Rights Party in 1872.⁶⁸

Most of the women who contributed to the body of cultural feminist theory were well educated--even intellectuals. As America's first group of cultivated women they did not choose to justify themselves through achievement in the masculine oriented professions. Cultural feminists directed their intellectual excellence toward a public role. They found fulfillment through reconciling their intellect with both their public and private lives. In so doing, these women authenticated their own lives by taking responsibility for them. Today we would say that they chose to live their lives as the protagonists (subjects) of their own stories. Cultural feminists did not limit themselves to merely observing society and commenting on it.

They were concerned with ultimate purposes and willing to engage in the creative work necessary to attain their desired ends. They did not emphasize mutual purposes over the achievement of desired results.⁶⁹

When one examines the philosophy and goals of cultural feminism, it becomes clear why some of nursing's most creative leaders and practitioners identified themselves as cultural feminists. Nurses, too, were interested in effecting change through the application of their knowledge and the use of their skills. Since the majority of nurses were women, a philosophy which championed feminine values and abilities was attractive to them.

Cultural feminism offered an additional benefit to nurses. It was the gift of "Sisterhood." As cultural feminists, nurses could identify themselves with a group of supportive like-minded persons--the sisters. The self is essentially relational and communal, and includes the emotions as well as thoughts.⁷⁰ Nurses who embraced cultural feminism experienced acceptance and validation of both their ideas and their feelings. This promoted their growth, enabled them to develop a self, and facilitated their engagement in creative work.

The notion of the self as relational and communal has always been prominent in cultural feminist thought. However, the relational, communal self has never been validated by either Enlightenment liberal feminists or the patriarchal traditions of Western theology and philosophy. Women have not been fully affirmed in the majority of communities throughout the Western world.⁷¹ Therefore, nurses who could claim membership in a community of sisters were actually "privileged."

Nurses and Cultural Feminism

Florence Nightingale (1820-1910)

Florence Nightingale never identified herself as a feminist although she has been described as one.⁷² Yet, the feminist voice of Charlotte Perkins Gilman (1860-1935) often sounded uncannily like that of Nightingale. In common with Nightingale, Gilman had experienced confinement to the home--women's sphere--as oppressive.⁷³

Gilman theorized that the home was an antiquated institution that retarded women's social evolution. In Women and Economics, Gilman described the home as a place where women's emotional and intellectual proclivities were frustrated to the point of neurosis.⁷⁴ Nightingale had

arrived at the same conclusion. Sixteen years were to pass between the time that she experienced her first "call" to nurse and her escape from the confines of her parental home. Opposed to a nursing vocation for her daughter, Florence's mother "fobbed her off for a time" with housekeeping tasks. At first it worked.⁷⁵ Florence wrote her friend:

I am very fond of housekeeping. In this too highly educated, too-little-active age, it is at least a practical application of our theories to do something [Yet] can reasonable people want all this?⁷⁶

"All this" was a reference to the contents of the still-room, pantry and linen-room of the upper class Nightingale residence. However, before long, Nightingale became bored with "busywork."⁷⁷ Margaret Forster concluded:

She [Nightingale] found that her own "duties" left her with no time at all to herself and yet what did these inescapable duties amount to? Sorting out the china cupboard, picking and arranging flowers, sewing useless ornamental articles, going on visits and worst of all talking, talking, talking but never ever saying anything.⁷⁸

It is noteworthy that housekeeping robbed Nightingale of time for herself. Charlotte Perkins Gilman made the same complaint. In so doing, she undermined several suppositions underlying liberal theory--that there was privacy in the home and that it was free from tyrannical intrusion. Gilman observed that neither freedom nor equality could be found in

the home. She also interpreted the family relationship as one of ownership. It was composed of a dominant husband, a obsequious wife, and dependent children.⁷⁹ That Nightingale and Gilman were of one mind on this issue is clear.

Nightingale penned the following words in 1855:

[The family] uses people, not for what they are, nor for what they are intended to be, but for what it wants them for--its own uses. It thinks of them not as God has made them but as the something which it has arranged that they shall be. If it wants someone to sit in the drawing room, that someone is supplied by the family... This system dooms some minds to incurable infancy, others to silent misery.⁸⁰

Nightingale and Gilman were also like-minded in their belief that duties long described as part of "domestic work" should be professionalized. Gilman pointed out that women were neither instinctively good nutritionists nor skilled in childrearing techniques. She proposed that people should be trained in nutrition, food preparation and childrearing and paid to perform these services.⁸¹ This suggestion was very similar to the one made by Nightingale that women needed to study nursing. Eventually, Nightingale founded a nursing school where women could study the art (esthetics) of caring for the sick. She made employment as a nurse a respectable occupation. Both Nightingale and Gilman were convinced that women were wasting their lives in their homes. They were

desirous that women should have an opportunity to exercise their passion, intellect and moral values in the public sphere.

While Nightingale may never have realized it, many of her ideas and goals were adopted and incorporated into the theory of feminism's Second Tradition. Perhaps it was inevitable that this would occur. In common with Florence Nightingale, most feminist theorists had an education. Also, like the famous nurse, these feminists found acceptance of their feelings and support for their ideas from other women. Women who made a positive impact on Nightingale's life included her Aunt Mai Smith, Aunt Hannah Nicholson, Julia Ward Howe, and her lifelong confidante and advisor, Mary Clarke (her beloved Clarkey). Clarke's intense amitié amoureuse with M. Claude Fauriel was to provide a model for Nightingale's later intense working relationship with Sir Sidney Herbert.⁸²

Lillian Wald (1867-1940)

With the exception of Jane Addams, no other cultural feminist has been as successful as Lillian Wald in developing both a private and public self grounded in

relationship. As a professional nurse, Wald practiced what others merely preached.

Cultural feminists have always viewed the self as being essentially relational. A number of second wave feminists have concluded that self does not exist outside of relationship. To practice cultural feminism is to be attuned to the "body, feeling, relationship, community, history, and the web of life."⁸³ This vision of connection has been confirmed by Carol Gilligan. She argued that many women and some men define their identity in the context of relationship and judge it be a standard of responsibility and care.⁸⁴

Lillian Wald was a responsible, caring individual who valued relationship and possessed a vision of what a community might become. In choosing to live as a neighbor and friend in the area where she worked Wald exhibited a "stroke of genius." When she first devised her plan to establish a settlement house on the lower East side of New York, Wald was already teaching a home nursing course that was sponsored by Mrs. Solomon Loeb. Wald's ability to convince Mrs. Loeb that nurses could make a positive change in the delivery of health care in the community illustrated

Wald's power to persuade. Mrs. Loeb made the following comments to her daughter Nina:

An extraordinary young woman has called upon me. I don't know whether she is a genius, or whether she is mad. She wants to start a Visiting Nurse Service on the Lower East Side and would like me to help her. I prefer to think she is a genius, so I am going to ask your Uncle Jacob to help me give this young woman her chance.⁸⁵

Financed by Jacob H. Schiff who would be her primary benefactor throughout her career, Lillian Wald began her work with only one other nurse--Mary Brewster. By 1895, the nursing staff had expanded to four. By 1913, 92 nurses were employed by the Visiting Nurse Service (VNS) and the "Nurses' Settlement" had become the Henry Street Settlement House.⁸⁶

The organizational structure of the settlement was hierarchical in design, emphasizing accountability and specialization. There was one chief executive--Lillian Wald. However, she used the participatory management approach and placed major emphasis on relationships. Wald was held in high esteem by her colleagues.⁸⁷

Nurses were eager to take up residence on Henry Street. As members of the settlement family they were able to achieve professional autonomy. At the same time, they

were able to enjoy the supportive environment to be found in the company of women. There were no men residing in the house. Not only did Wald favor the women workers who so admired her but in addition, Jacob Schiff would not consent to having men live on the premises.⁸⁸

Lillian Wald spoke with the voice of a cultural feminist when she stated:

The best women are coming to be practical idealists. They do not get sentimental about their ideals--they make them practical working forces. Men, and women are equal, but that does not mean identical. Given a big outlet, women do big things--they moralize in constructive social work--they stand ready to make political life profit by having a spiritual force added to politics.⁸⁹

Wald recognized that women developed their identities through relationship while men tended to emphasize their individuality. She was not oblivious to the fact that Western culture devalued women's work of nurturing. Even so, Wald was able to perceive that the ability to nurture was an awesome strength. She claimed this power for herself. She exercised her gift of creating personal bonds between people. In the process, she constructed her own personhood.

It has been a great loss to the American nursing profession that its members have failed to grasp the full significance of Wald's innovations in health care.

Politically astute, Wald understood the importance of maintaining a good relationship with her benefactors. Wald also kept one eye focused on public relations. She made certain that the social significance of her work was emphasized in the media. The Visiting Nurse Service that Wald established was analogous to private duty nursing because visiting nurses were able to respond to calls directly from the people who desired service.⁹⁰

Lillian Wald did not allow a masculine dominated society to define her as a person or as a nurse. Her nursing philosophy was grounded in a moral creativity. She practiced nursing as a relationship between herself and the public. For Wald, nursing included engaging in health reform.

Unfortunately, with the exception of Lavinia Dock nursing leaders failed to recognize that Wald was a nurse whose accomplishments paralleled those of Florence Nightingale. Instead they interpreted Wald's legacy as being applicable only to the practice of public health nursing.⁹¹ A course in public health nursing was not required in order to obtain a license to practice professional nursing. The public health nursing specialty was seldom taught in hospital schools of nursing. Since the majority of American

nurses were prepared in the hospital schools well past the middle of the twentieth century, their only exposure to Lillian Wald was as a figure in a history book. Therefore, nurses continued to be molded in the Nightingale rather than the Wald image. This served the purposes of hospital administrators and physicians. With Wald as their role model, American nursing might have been freed much sooner from the tyranny of the hospital system.⁹² It is sad but true that Lillian Wald has often been held in higher esteem by members of the general public than by many nurses. In September of 1971, a bronze bust of Lillian Wald was placed in the Hall of Fame for Great Americans [not to be confused with the Nursing Hall of Fame where she has also been honored]. Wald was elected over such eminent candidates as Franklin D. Roosevelt and Louis Brandeis. However, she was listed as a reformer rather than as a nurse.⁹³ Nightingale and Wald were both great nurse reformers and administrators. However, Nightingale is identified more closely with nursing than is Wald. This is true in spite of the fact that they shared many of the same values and Wald actually administered more direct patient care than did Nightingale. However, Nightingale became famous while caring for

soldiers. Her many post-war reforms also made a direct impact on the British War Office and the Army. Lillian Wald was a pacifist who dedicated her life to improving the health care of civilians, including women and children. This probably explains why even among nurses the Nightingale myth is more familiar than that of Wald. Although nursing is a woman's profession it is practiced in a patriarchal society.

Emma Goldman and Margaret Higgins Sanger

Emma Goldman and Margaret Higgins Sanger were both nurses and cultural feminists. For several decades nurse historiographers have chosen to ignore them. Recently, nursing has reclaimed Margaret Sanger as one of their own.⁹⁴ However, Emma Goldman continues to remain persona non grata in textbooks of nursing history. While both of these women were leaders in the twentieth century American birth control movement only Sanger's name has become respectable. That of Emma Goldman remains merely notorious.

Emma Goldman (1869-1940)

The cultural feminist theory of Emma Goldman was very much in the romantic tradition. It recalled that of Margaret Fuller (1810-1850). This fact is interesting because of the major differences in their backgrounds. Fuller was a product

of a middle class, Protestant, New England family. Goldman was a Jewish, working class immigrant.⁹⁵

What these women had in common was a belief in a positive, organic process of growth. They believed that the "soul" had the ability to grow when unfettered by authority. They envisioned a world free of restrictions that would result in a natural harmony.⁹⁶

Goldman's desire for freedom was intense. She refused obeisance to all authority and became an anarchist. At one point in her life, Goldman expressed an interest in Marxist-Leninism as a social force which might promote a revolution [thereby acquiring a "handle," that of Red Emma].⁹⁷ She eventually rejected communism as she explained in her book, My Disillusionment in Russia.

Freedom is the sine qua non of anarchist theory. Therefore, Emma viewed freedom as a process rather than as an end product. She believed that true emancipation began in a woman's soul and caused her to change her values. Goldman was not convinced that suffrage would free women. Even so, she supported it. Like Charlotte Perkins Gilman, Goldman identified love as the major regenerative force. However, when Goldman spoke of love she did not limit

herself to Gilman's brand of "mother love." Romantic love between men and women--eros as well as agape--was also important to Emma Goldman.⁹⁸

Unlike most of the other cultural feminists, Goldman was really not a part of a female network. Her major relationships were with men. Even so, she did have woman friends. They included "Mother" (Mary) Jones, Kate Richards O'Hare, Rose Pastor Stokes, Elizabeth Gurley Flynn and Mollie Steamer. These women tended to be political radicals first and interested in women's issues more peripherally.⁹⁹

Emma Goldman first spoke on women's rights in the eighteen-nineties. However, it was only after a series of crushing defeats in the political arena that Goldman's focus shifted to feminism in the nineteen-tens.

Goldman, along with Victoria Woodhull, Crystal Eastman and Margaret Sanger--all Greenwich Village feminists--became strong advocates for "family limitation." Birth control was to become one of the major issues of the early twentieth century. It is to Emma Goldman's credit that the birth control movement in the United states ever "got off the ground." She experienced the legal prohibitions

against the sale of contraceptives as extremely offensive to her anarchist principles. To Goldman, women's demands for emancipation were meaningless if they were not free to use contraceptive devices to avoid pregnancy.¹⁰⁰ In her public lectures she emphasized the point that motherhood should be freely chosen:

Woman must be given means to prevent conception of undesired and unloved children.... [S]he must become free and strong to choose the father of her child and to decide the number of children she is to bring into the world, and under what conditions. That is the only kind of motherhood which can endure.¹⁰¹

Emma traced her interest in birth control to the neo-Malthusian Conference in Paris in 1900. However, she endorsed it for personal, professional and political reasons. Goldman retained memories of her experience as a midwife on New York's Lower East side. These motivated her to share birth control information with her Yiddish audiences. Goldman emphasized that frequent pregnancies also endangered a woman's health. She hoped that birth control would eliminate abortion. Abortions were illegal but Emma was not always above breaking the law. Rather like most Americans of the era she opposed abortion.¹⁰²

To say that Emma Goldman entered the nursing profession through its back door would be an understatement.

Convicted of inciting a riot--she had publicly urged a throng of the unemployed to "take the bread that was their's"--Goldman was sentenced to spend a year on Blackwell's Island. While jailed she was befriended by the gaol's physician. He placed her in charge of the prison hospital.¹⁰³

Always a "quick study," Goldman learned the basic principles of nursing and proved herself competent in the care of the sick. Upon her release from Blackwell's Emma immediately found employment as a practical nurse. For the next eight years she combined private duty nursing with her work as an anarchist propagandist.¹⁰⁴

Nursing was becoming professionalized and Emma was aware that she needed more education. Her friend Dr. Hoffman urged her to enter St. Mark's Hospital Training School where she could receive one year of credits for her past clinical experience. Goldman felt that she was being offered a great opportunity but there was another more alluring one--study in Europe.¹⁰⁵

There were probably several factors that influenced Emma Goldman to study abroad. Her name recognition and her arrest record may have caused her to fear rejection at St.

Mark's Hospital. Also, she preferred to study in German rather than in English. In addition, there were no midwifery schools in the United States where obstetrics was becoming the domain of the male obstetricians.¹⁰⁵

In 1895, traveling under the assumed name of Mrs. E. G. Brady, Emma headed for Austria. En route she stopped in London where she spoke in Hyde Park, sparred with her hecklers, and met many prominent, exiled anarchists. Arriving in Vienna, Emma Goldman enthusiastically participated in the rich cultural life of the European capital. Her nursing studies and frequent night duty on the wards did not dampen her interest in the cultural events of Vienna. While there, she attended Sigmund Freud's lectures, enjoyed the theater, indulged in Wagner's operas and read Nietzsche.¹⁰⁷

In her autobiography, Emma wrote:

When examinations drew near, I could no longer indulge in the temptations of the fascinating city on the Danube. Soon I was the proud holder of two diplomas, one for midwifery and one for nursing: I could return home. But I was loath to leave Vienna; it had given me so much.¹⁰⁸

Returning to the United States, Emma Goldman resumed her career as a nurse-midwife. It provided her with a major

means of support. That Emma enjoyed nursing is evident from reading her life story. Interspersed among the tales of foreign adventure and political intrigue are a number of short vignettes. These allow the reader glimpses of Goldman as a nurse. Her ability to empathize with her patients and their family members is evident. Considerable light is shed on the motivation behind Emma Goldman's birth control crusade. An example follows:

[My] patients, Jews and Italians were mostly from the poorest families, their living-quarters consisting generally of two or three rooms for six or more people. Their incomes averaged about fifteen dollars a week, and the trained nurse was paid four dollars a day. For them nurses were luxuries indulged in only in very serious illness. Nursing under such conditions was not only difficult, but extremely painful. I was pledged to keep up the standard of pay in my profession. I could not give my services for a lower price, and therefore had to find other ways of helping those poor people than by merely taking care of their sick.¹⁰⁹

What Goldman was writing about was the need to alleviate suffering by eliminating its causes. The combination of large families, low salaries, and crowded housing created misery. It is easy to understand why she felt that patients' access to contraceptive information and devices would be helpful. If nursing is defined as promoting health and preventing disease, then Goldman's birth control

crusade can be interpreted as an extension of her nursing practice. Had she limited herself to taking care of sick patients she would merely have succeeded in assisting physicians in treating disease.¹¹⁰

Emma Goldman was a brave and forthright woman who refused to compromise and frequently "threw caution to the wind." Her definition of anarchy was the rewriting of the social contract. She wanted to give human beings rather than their government the center stage. A victim of the "Red Scare" after World War I, Emma was eventually deported to Russia, but lived the remainder of her life in exile in Western Europe and Canada.¹¹¹

Goldman was active to the end of her life for the causes she believed in. After her death, her friends were allowed to return her body to the United States. Perhaps her greatest legacy is her success in starting the birth control movement in America.¹¹² Margaret Sanger would see it through to its fruition.

Margaret Higgins Sanger (1883-1966)

The many creative attainments of Margaret Sanger were detailed in chapter five. It is no coincidence that the two cultural feminists--Margaret Sanger and Emma Goldman--who

led the move to legalize contraceptive use in the United States were both nurses. It was during their work with maternity cases on New York's Lower East Side that they became cognizant of the desperate plight of immigrant women. Sanger and Goldman found a lack of available prenatal care and a high incidence of abortion among the poor. The women had a need for contraceptive knowledge that would allow them to control their own fertility.¹¹³

During her crusade Sanger never seemed to tire of relating the story of a young immigrant woman who she called Sadie Sachs. Margaret had been called to nurse Sadie in her Hester Street tenement following complications of a self-induced abortion. When Sanger had referred Mrs. Sach's request for reliable contraception to the physician, he suggested that the patient's husband, Jake, "should sleep on the roof." Three months later when Margaret returned, she found Mrs. Sachs dying from another incident of septicemia. Margaret told how she came to see bedside nursing as only palliative and made the decision to work toward achieving fundamental social change.¹¹⁴

Liberal feminists have interpreted Margaret's comments as a rejection of nursing. If nursing is defined

only as the administration of bedside care to the sick and wounded, they are correct. However, if Lillian Wald's interpretation of nursing as a relationship between the nurse and the public (rather than between the nurse and the individual or the hospital ward) is accepted, Sanger never really left nursing.

Margaret Sanger's successful effort to provide women with reliable contraceptive information and products can be viewed as a way of promoting health. For example, by preventing unwanted pregnancies women were not tempted to seek illegal abortions and risk septicemia. From this perspective, Sanger's creative attainments can be interpreted as being as much a part of nursing as those of Wald.

Creativity and Cultural Feminism

Nurses who identified themselves as cultural feminists or had compatible philosophies have achieved major attainments in health care and social reform. Because their accomplishments have been valued by the nursing profession and the public they are deserving of the classical ascription of creativity. This view of creativity places major emphasis on the creation of valued products.

The classical definition of creativity is congruous with cultural feminist theory. Cultural feminists believe that women should enter the public sphere and give expression to their moral perspective by achieving major attainments. First wave adherents of feminism's Second Tradition took pride in women's unique qualities of intuition, pacifism and cooperation. These women formed a supportive sisterhood where they could grow in relationship with one another. As a result, they developed the self esteem necessary for the acquisition of knowledge and skills. These allowed them to engage in their creative work.

Classical creativity theorists insist that created products and major attainments must be evaluated. Feminist nurses welcome evaluation. Perhaps this is because as women, they anticipate a period of struggle and doubt but expect that their work will be judged worthy in the end.

During the nineteenth century and the early part of the twentieth a vast network of supportive feminist sisters existed in the United States. Lillian Wald, Lavinia Dock,¹¹⁵ Margaret Higgins Sanger, Ethel Higgins Byrne and Emma Goldman were members of its various branches. Some of these feminists like Sanger, Byrne and Goldman were either married

or cultivated significant relationships with men. Others remained single like Wald and Dock.¹¹⁶

What these cultural feminists had in common was the ego strength that resulted from their supportive friendships with other women. These Second Tradition feminists believed themselves to possess important moral and spiritual values which would benefit the entire society. For nurses in the sisterhood professional success did not hinge on gaining access to careers in medicine. Rather, they believed that as women and nurses they already were proficient. Therefore, they commenced their creative work.

Many liberal feminists and historians conclude that the first wave of feminism ended in 1920 when the suffrage amendment was ratified by Tennessee and became part of the constitution of the United States. However, this is hardly accurate.¹¹⁷ During the nineteen-twenties and thirties there was considerable continuing feminist activity. Cultural feminists like Lillian Wald and Jane Addams channeled their creative energy into producing progressive legislation during those decades. Not all of it was enacted immediately. Albeit, during the Great Depression much of it was finally

passed as part of the New Deal. Wald and Addams had anticipated Franklin D. Roosevelt.¹¹⁸

Unfortunately, America's sisterhood was gradually weakened by the social and economic changes which began in the late nineteenth century. The West experienced a gradual transition from a matricentric, preindustrial culture to one that became male dominated. The new capitalist-industrial system was professional and bureaucratic in structure. It made a major impact on middle class women's culture in the United States.¹¹⁹ A patriarchal pall was cast over nursing when it came under control of medicine. Nurses began to direct the majority of their energy toward treating disease and holding the health care system together. They achieved fewer creative attainments in the public sphere.

The Health Care System and Patriarchy

It can no longer be denied that the present health care system, sometimes referred to as an industry, is patriarchal in structure. In it, caring has been viewed as nurses' [women's] work which has not been rewarded as much as that of physicians. Professor Jean Watson has pointed out that the patriarchal world view is a moral failure.¹²⁰

There is much data to support Watson's conclusion. As the twenty-first century approaches, 33 million citizens in the United States do not have access to affordable medical insurance, and only one percent of the health care dollars (\$750 billion a year) is spent on health promotion and prevention of illness. Operating within a patriarchal framework, the health care industry has proven itself impotent in the face of health care crises that have resulted from the country's social problems.¹²¹

Because Western physicians have always treated the normal processes of life, e.g., menstruation, pregnancy, childbirth, menopause, and aging in the same way that they treated disease, they never developed an effective way to deal with the everyday health issues and concerns of modern people. Also, members of the medical profession have focused on fighting and wiping out diseases as if they existed apart from human beings and their physical and social milieu. Although this has proved to be shortsighted and ultimately self-defeating, under patriarchy it was inevitable.

The basis of all Western patriarchal societies has been the fear of nature symbolized by the female body so in tune with the undulations of the universe. The innate power

of the female body to bleed without injury or death in response to the gravitation of the moon, to copulate at any time, to produce infants of both sexes from her flesh, and to transform food and water into milk produced fascination and envy in males.¹²² Therefore, men, including physicians, convinced themselves that it was their role to bridle this natural force which held sway over both life and death. In order to be equal to the task, they went to phenomenal extremes to acquire some of nature's [women's] power.¹²³

The anthropologist, Peggy Reeves Sanday, concluded that "men attempt to neutralize the power they think is inherent in women by stealing it, nullifying it, or banishing it to invisibility."¹²⁴ Physicians have done all three. The story of how they filched the arts of women healers and helped to render nursing invisible is told by Jeanne Achterberg in Woman as Healer.¹²⁵

Although the hallowed "blood mystery" of the female was originally associated with power¹²⁶ under patriarchy, it became a source of shame and embarrassment to women as evidence of their procreative capacity. Men, on the other hand, sustained wounds in war which served them as a "red badge of courage." They also gained access to freeflowing

blood through the ritual of circumcision.¹²⁷ Cutting off the foreskin began as a religious rite; however, by the middle of the twentieth century, the majority of women in the United States gave birth in hospitals. Nearly all of their male infants were circumcised by physicians, regardless of their religious affiliation.¹²⁸ It is interesting to note that the development of modern medicine owed much to the blood sacrifice of warriors. A telling commentary on war, medicine, and the banishment of women was written by the historiographer Victor Robinson:

War with its sudden collections of sick, wounded and maimed stimulates the progress of medicine: "The war of the Revolution was the making of medicine in this country." In the change from colonial to national medicine, the casualty was woman: Woman was not ignored, she was expelled. The female practitioner, denied the opportunity and instruction of the new time, ceased to exist. The trained male obstetricians, invading the lying-in chamber, thrust out the immemorial midwife. As later expressed by a Boston physician (1820) "It was one of the first and happiest fruits of improved medical education in America, that females were excluded from practice and this has only been effected by the united and persevering efforts of some of the most distinguished individuals of the profession." In the male monopoly of medicine, there was no room for the trained nurse: any grandmother, any destitute old woman who could be hired was requisitioned as nurse, and none other was desired.¹²⁹

Under male governance, women's pregnancies and their menses were treated as disabilities in order to bring them

under the control of medicine. Soon, even the ability of women to lactate was belittled by physicians as a mere remnant of animalism--an outdated inconvenience.¹³⁰ Of course, women continued to procreate, even though they were not allowed to express too much satisfaction in doing so.¹³¹

Other ways that men exercised their power was by denying women both spiritual and cultural legitimacy. The goal of patriarchal spirituality was to transcend both nature and the flesh [women's flesh]. Creativity in the universe--the numinous or divine--was symbolized by a masculine god in heaven, far removed from the "blood, mud, birth, and death" of Earth.¹³² Men were identified with mind and spirit; women were identified with flesh and matter. Only that which was rational was considered to be of any worth. Feelings, intuition, and gestalt sensibilities [characteristics of women] were ignored.¹³³ Charlene Spretnak has pointed out that throughout history, Western philosophers reared under patriarchy were concerned with three things: 1) separateness, 2) reactive [defensive or "not-female"] autonomy, and 3) control.¹³⁴

Once males had cut themselves off from the mother/female and nature, they became vulnerable to

disconnectedness. This disconnectedness or separateness caused men to perceive things in parts. It has accounted for the tendency of physicians to specialize and treat diseases as entities in themselves, apart from patients and their environment.¹³⁵

In addition, since the mother/female and nature were viewed with suspicion, males found it necessary to be "not-female" and "not-nature." In patriarchal society, social constructs of "femininity" and "masculinity" have always been created to serve this purpose.¹³⁶ The need on the part of physicians to be different from women explained why women met with so much opposition (reactive autonomy) when they first attempted to gain entrance to medical schools. Physicians viewed women as "other" (non-male) and expected them to stay within the feminine sphere to serve as wives and mothers (untrained nurses).¹³⁷

Once males had lost their connection to the female and nature, competitive self-preservation became the "rational" response to all others whose aspirations impinged on their own. Because unlimited freedom for every man was unrealistic, it became imperative that a man control as many other people as possible. This was accomplished by waging

war and establishing the institutions of slavery, marriage, and the family.¹³⁸

Eventually, groups of men with similar knowledge and skills banded together in groups to protect their economic interests. Guilds were in existence in early Greece and were important throughout Europe during the Middle Ages. The guild functioned to establish the status of its members in the community; set standards of quality; control prices and prevent capricious exactions; and to preclude encroachment of other professionals or craftsmen into their territory.¹³⁹

According to Donahue:

Ultimately physician guilds were established and fostered the separation of surgeons from medical practitioners. This was necessary because of the inclination to draw individuals together according to the similarity of their tools and materials rather than a consideration of their purposes. For example, surgeons, guilds admitted barbers, and physicians were joined with apothecaries and artists because of their common use of powders.¹⁴⁰

In the United States, the American Medical Association (AMA) has provided services to physicians similar to those enjoyed by guild members of the past. Established in 1847, the AMA sought a legal monopoly over the practice of medicine. The "regular" doctors, predecessors of today's physicians, drove out the

"irregulars" or homeopathic doctors. This was a major feat as homeopaths exercised preventive health care and were popular with the general public.¹⁴¹ The AMA was also successful in its challenge of religious healers, druggists, herbal doctors, and other so-called "quacks."¹⁴² A few alternative providers-optometrists, chiropractors, and osteopaths--still practice, but for the most part have been coopted by medicine's viewpoint.¹⁴³

It was the introduction of anesthetic agents and improved asepsis whereby surgical practice was revolutionized. Skin grafts, organ transplants, and the use of mechanical devices to replace diseased organs followed and seemed like miracles.¹⁴⁴ With the validation of the germ theory and the discovery of penicillin and "wonder drugs" to wipe out deadly infections, physicians became narrowly focused on a biochemical orientation and the diagnosis and treatment of disease. Soon the disease concept became synonymous with modern medicine, and few people including nurses questioned its adequacy to deal with contemporary health issues.¹⁴⁵ It is now apparent that the nursing profession, along with the rest of society, was "led down primrose lane."¹⁴⁶

Under control of the medical profession, nurses became distracted by the marvels of medicine and the latest technology. They forgot that Lillian Wald had viewed nursing as a relationship between the nurse and the public. Nurses lost their interest in the environment, society, and culture that had so captivated Lavinia Dock, Margaret Sanger, Ethel Higgins Byrne, and Emma Goldman.

Members of the profession were no longer conscious of the many rewards society had reaped as a result of nursing's past creative attainments. (Just a few of these included women's freedom from unwanted pregnancy; the establishment of such agencies as the visiting Nurse Service in New York and the Red Cross Town and Country Service for rural communities; and the creation of the new discipline of rehabilitation which prevented much permanent disability.) Instead of continuing to focus on the health of their clients, nurses began to view health as a continuum with disease. However, they are two different phenomena.¹⁴⁷

Unfortunately, nurses spent so much time focusing on disease that they failed to develop a definitive theory of health. The American Nurses' Association's (ANA) definition of nursing states: "Nursing is the diagnosis and treatment

of human responses to actual or potential health problems."¹⁴⁸ According to nurses Beverly Hall and Janet Allan, who analyzed the Social Policy Statement of the ANA, its definition of health places nursing between the health and illness frameworks. In other words, nursing is at an impasse. The profession needs to develop a new theory of health.¹⁴⁹

Although the media continues to make daily announcements of "modern marvels" in the form of new surgical techniques and ever more potent drugs, medical researchers have made very little progress in finding cures for many major disorders.¹⁵⁰ Medicine has not undergone a change in its paradigm since the introduction of the germ theory. Its monocausal framework is simply inadequate for the purpose of dealing with the present health care crisis. It has also proved inadequate for curing patients with conditions such as obesity, anorexia nervosa, coronary artery disease, cancer, and acquired immune deficiency syndrome (AIDS), to name but a few. Many of these illnesses need to be prevented.¹⁵¹

A health focused, holistic model concerned with the interactions between patients and their environment would be

more suitable for delivering health care and preventing illness. Since this type of model by necessity must be relational, a cultural feminist perspective would be an asset in creating the new paradigm.

In the past, nurses and cultural feminists have often shared the same values and objectives. In fact, it is not possible to fully grasp nursing's heritage without understanding the connection between cultural feminism and nursing. Western nurses, as women living under male governance, have developed the knowledge, interpersonal skills, and sensitivities usually referred to as "women's culture."¹⁵² The time is ripe for nurses with a holistic world view, as well as spiritual, intuitive, and caring [feminine] characteristics, to create new ways of dealing with the processes of modern life.

In order to do so, it will be necessary for nurses to redefine health, create a new paradigm of health, and work to renovate the present health care system so that it actually will be capable of providing the public with health care rather than merely treating disease. In addition, there remains much work for nurses to do to prevent illness in the populace. The nursing profession faces these major changes

in the present decade, and there will be more in the approaching century. If nursing's past creative attainments are any indication of what nurses are capable of accomplishing, the profession will be equal to the task.

In fact, nursing, as both an art and a science, should be particularly well suited to prepare practitioners who are able to produce creative work. It should be remembered that in the fourteenth century, it was neither the landed gentry nor the peasants who developed the experimental method of science. Only with the emergence of the artisans who possessed both knowledge and technical skill, did the technique of experimental observation come into its own.¹⁵³

Nurses could very well become the creative artisans of the twenty-first century if they so desired. In 1939, the social historian, Merle E. Curti, was invited to address the nursing faculty at Teachers, College, Columbia University. He stated that in uniting theory and practice, nursing had struck a blow for egalitarianism. He insisted that nursing had broken the artificial barriers that separated the ivory tower scholar from people of practical affairs. In so doing, nursing had helped to eliminate the aristocratic vestiges of

the conflict between doer and thinker. Curti believed that the insistence of early nursing educators [Robb, Nutting, and Stewart] that both theory and practice be included in the curricula had been a major step in the right direction.¹⁵⁴

However, nursing's contemporary theory of creativity equates the possession of personality traits found in male pilots, architects, and writers with creativity. This theory is incongruent with cultural feminism and with the very objectives and goals of the profession. Cultural feminists posit that women possess characteristics that are different from those of men. If creativity is ascribed based on the traits found in men, very few women (nurses) are viewed as creative.

Contemporary creativity theorists claim that one is creative if one engages in a novel thought process. They do not require the creation of a valuable product or the achievement of a major attainment for the ascription of creativity. Cultural feminists and nurses are not content to merely produce novel ideas. In the past, they have achieved major attainments in the public sphere. These have been judged worthy of the classical ascription of creativity. The

adoption of the classical theory of creativity--which has been so well illustrated by the creative attainments of Nightingale, Wald, Sanger, and Kenny--would motivate nurses of the future to realize their own creative aspirations.

Yet, it must be remembered that it will not be enough for nurses solely to adopt a new definition of creativity. They must also act creatively to overcome their isolation and their invisibility. In order to become visible, nurses would do well to join with other cultural feminists in learning their history, publicizing their creative attainments, and openly valuing them.

Reinventing Nursing

In the past, nurses have perceived feminists as being unsympathetic to nurses "mission of caring." However, after a close examination of how feminists actually viewed nurses, I concluded that the care nurses gave their patients did not elicit feminist derision. (After all, feminists have had health problems too, and like everyone else, have relished the experience of being cared for by nurses.)¹⁵⁵ Rather, it has been nurses' failure to acknowledge that they continue to allow their time and energies to be coopted by physicians

and administrators--enforcing the mandates of male governance--that has been a "turn off" for feminists.

To paraphrase Heilbrun's description of traditional wedlock, the marriage between the physician and the nurse suited the physician and appeared to suit the nurse because she was pacified with the "secondary gains" offered in place of her own self-determination.¹⁵⁶ Like Little Red Riding Hood, nurses had been deceived. They believed that if they stayed on the straight and narrow path, no harm could befall them.

Alas, they needed to take a closer look at the French version of the tale as told by Perrault. In his account, Little Red Riding Hood did stay on the path where she met her old neighbor, the wolf, who she perceived to be friendly. She was hoodwinked.

At the end of Perrault's tale, after he told how the wolf had thrown himself upon Little Red Riding Hood and eaten her up, Perrault related the moral. He warned little girls [and women] that they should never listen to any wolf that happened by because although some wolves had winning ways, were tame, good natured, and pleasant, of all the wolves, these docile ones were the most dangerous.¹⁵⁷ (Tongue

in cheek, Perrault may very well have been referring to men like himself.)

Nurses have not sufficiently questioned their ties to the "friendly" wolves. Mary Daly has admonished women to peel off layers of mindbinding, to reject a false reality and demystify patriarchal deception. "Nurses' most political act will be that of seeing through the deception they have lived with throughout history."¹⁵⁸ If nurses would be willing to endure the discomfort of a "peel," there is no reason to believe that they would be rejected by cultural feminists. Historically, nurses such as Sanger, Wald, and Goldman have composed their ranks.

It is even likely that nurses could win a certain amount of respect and cooperation from members of other schools of feminism. In fact, as recently as January of 1993, Laura Gasparis [Vonfrolio] was profiled in Ms. as a nurse who was "waging a one woman revolution." The writer, Kate Rounds, stated that Gasparis had raised \$750,000 in start-up money from nurses to launch her own periodical, Revolution: The Journal of Nurse Empowerment.¹⁵⁹ Rounds revealed that the term "horizontal violence" was a Gasparis "favorite" to describe how hospitals pitted nurse against

nurse with such innovations as primary nursing, shared governance and career ladders.¹⁶⁰

In 1993, feminists also gave recognition to one of nursing's most accomplished leaders. Writing for Ms. magazine, the feminist professor of history and women's studies at John Jay College and Graduate Center, CUNY, Blanche Wiesen Cook composed a glowing review of two complementary studies of Lillian Wald, published by the Feminist Press. Cook recognized Wald as a nurse and identified her as "the great pioneer of public health, the visiting home nurse service, school lunches and playgrounds, community theater and New York's Henry Street Settlement."¹⁶¹ It is interesting that in the nineteen-eighties Second Tradition feminists began to receive the attention they have so long deserved. Around the same time, second wave feminist theorists began to "converge toward the cultural feminist position."¹⁶²

It appears that feminist support is available to nurses, but to receive it they will first have to dispose of those old friends--the rose tinted glasses. It could be a painful process, learning to live without them. Fortunately, Carolyn Heilbrun has supplied some suggestions that many

women have found invaluable for developing a "self." I believe that her recommendations would be equally as useful to nurses who wish to reinvent themselves and their profession.

To begin with, nurses should engage in consciousness raising. Although the word has been overused and diluted by the media, the type of consciousness raising that Heilbrun had in mind was the same that was originally described by Teresa de Lauretis as a means of appropriating reality.¹⁶³

Heilbrun described this as the practice of self consciousness.¹⁶⁴ She would suggest that nurses need to begin to "tell the truth" about their experiences as nurses in groups to each other. As things now stand, individual nurses suffer from their own guilt, each suspecting that she alone does not fit the nursing mold.¹⁶⁵

What is essential is for nurses to see themselves collectively rather than individually. This is important because individual stories--even ones as inspirational as those of Nightingale, Wald, Sanger, and Kenny--tend to be viewed as resulting from individual eccentric lives. Each nurse needs to realize that she is not alone.¹⁶⁶ It would be wise for nurses to establish a sisterhood of nursing.

In addition to engaging in consciousness raising and forming a sisterhood, nurses must also give up their penchant for "nurse impersonation." Nurse impersonators are very similar to those women who have been described by both Carolyn Heilbrun and Gloria Steinem as "female impersonators." These were women who dressed so as to appear like the female characters in men's fantasies.¹⁶⁷ For example, a woman who bleached her hair platinum blonde, exaggerated her eyes and lips with cosmetics, squeezed herself into a corset and a "push-up bra," wore a sheath dress and teetered about on three inch high heels did not so much resemble a real woman as a mannequin. However, her appearance pleased many men. If while wearing the "get up," she also managed to keep a spotless house, bake her own bread, sew her own clothes, and raise prize tomatoes, she would not only look, but also act like a female impersonator.

Nurses become nurse impersonators by being so attuned to the signals sent out by physicians, administrators, patients and the media that they become scarcely nurses at all, but the reiterated personification of what they believe a nurse is supposed to be.¹⁶⁸

Recently, a registered nurse made an appearance on a popular television talk show wearing not only a white uniform, hose and oxfords, but also a cap. In donning one for her appearance, the nurse became a caricature of herself--a nurse impersonator. A nurse who insists that each patient on the ward must have his temperature taken every four hours around the clock, regardless of his condition, is acting like a nurse impersonator. So is the nurse who never requests overtime pay, is always willing to "double shift," and refuses to take a coffee break. She is acting like the selfless person that she believes others expect her to be.

Heilbrun pointed out that it was the mark of a [lower] caste that it internalized the judgments of the oppressor upon itself. She suggested that in order for women [nurses] to develop a true self, they must follow the advice that men have given, not to women, but to other men.¹⁶⁹

Men have shared the knowledge that in order to fulfill one's own destiny of self-realization, it is necessary to bring an end to one's accord with the external, power of society. The individual must seek existence on his or her own terms.¹⁷⁰

It was Heilbrun's contention that when women [nurses] made the choice to maintain their relationship with [patriarchal] society, the main reason why they argued themselves into the virtues of the external power was to appease men [administrators and physicians].¹⁷¹ However, as Hegel warned, this outside power suppressed autonomy.

The members of the nursing profession must grasp the fact that truth is to be found in paradox. In order for nurses to provide their nurturing, loving, sensitive, care, they must have professional autonomy. It is ironic, but as Hegel advised, "The noble self is not shaped by its beneficent intentions toward others; its intention is wholly toward itself."¹⁷² Nurses must turn their beneficent intentions toward themselves long enough to gain their autonomy if they intend for their pacific, harmonious, intuitive, moral and caring qualities to be permanently recognized in the public sector of society, where they are so desperately needed.

Nurses need a new myth to inspire them as they take the steps necessary to gain their independence. I believe that the most suitable one would be that of Demeter and Persephone.¹⁷³

The Myth of Demeter and Persephone

Robert May has called the epic of Demeter (identified with the Roman Ceres) and her daughter, Persephone (Proserpine), the archetypal myth of women.¹⁷⁴ The Eleusinian mystery cult of which the myth is the text, dates back to the Mycenaean period (1580-1500 B.C.). It had a major impact on the Hellenistic world and the Roman Empire to the fifth century A.D. Although Ovid wrote a polished literary account of the myth, the Homeric Hymn to Demeter is probably closer to the original oral tradition. The hymn and other versions of the story are long and rambling.¹⁷⁵ Therefore, a brief synopsis of the various versions of the myth follows.

Demeter was the goddess of grain. As the hymn opened Demeter and her daughter were apart. Persephone and Athena (Diana) had entered a meadow of "bells and grass" to gather bouquets. As Persephone reached to pluck a radiant daffodil, the "earth yawned" and swallowed her up. Hades (Pluto) appeared to carry her away to the dark underworld in his chariot. There, Persephone became his bride and queen consort.

Demeter had heard her daughter's loud cries as she was abducted. In her anguish, the mother rent the headdress

that covered her flaxen tresses. Swathed in a dark veil of mourning, she "sped like a wild-bird, over firm land and yielding sea, seeking her child." On Mt. Olympus, the abode of the gods, Demeter learned from Helios of Persephone's cruel fate. Forsaking the mountain, Demeter traveled to Elusis where, disguised as an old woman, she seated herself in the shade of an olive tree.

Demeter's bitter grief could not be assuaged. Implacable, she caused a famine to encompass the whole Earth. Soon seeds did not sprout and the oxen drew the plow in vain. The Earth was barren and humanity was about to perish. Then, the god, Zeus, commanded Hades to restore Persephone to her mother. So, Hades returned his bride but not before feeding her the seed of a pomegranate, thus insuring that she would return to him.

One day, Demeter saw Hades and Persephone approaching from afar. When they were yet a long way off, she ran to meet them. Like an untamed bacchante, Demeter drew near the chariot. When Persephone first saw her mother, she leaped down and ran toward her. Failing into each other's arms, they embraced. Yet, Demeter perceived that her beloved daughter was still caught in a snare. The mother inquired,

"Surely you have not tasted of food while you were beneath the surface of the Earth?"

Persephone confessed that indeed, Hades had placed a pomegranate seed to her lips and forced her to taste its sweet flavor against her will. Overhearing her disclosure, Zeus immediately appeared. He commanded Persephone that she must go back again under the surface of the Earth to dwell a third part of the seasons every year. But when the golden daffodils and flowers of every variety sprang forth, she would come up once more to be a marvel for both, gods and mortal men to look upon.

Immediately, Demeter caused the leafless trees to begin their budding and called forth the crocus from the ground. Soon the fields would be waving with ripe grain. So the mother and daughter departed to live happily for two thirds of the year on Mt. Olympus with the other gods. But each autumn when the chill winds blew, Persephone returned to Hades. And so long as she remained hidden underground, so did all fruit and grain.¹⁷⁶

Interpretations of the Demeter-Persephone Myth

The Demeter-Persephone myth can be interpreted in a number of ways. At least three of them have something to say

to nurses and will be considered here. Josephine Donovan interpreted the myth of Demeter and Persephone as an allegory. She saw America's preindustrial female culture as Demeter's realm. Donovan classified the male dominated professionalism and bureaucracy that resulted from capitalist-industrialism as the realm of captivity [Hades].¹⁷⁷

Donovan found support for her interpretation from Carroll Smith-Rosenberg who wrote of the older matricentric female culture:

At the heart of this [women's] world lay intense devotion and identification between mothers and daughters.... daughters walked in their mothers' footsteps and mothers strove to impart their domestic skills and lore.¹⁷⁸

However, the daughters were becoming restive. They were beginning to view their mothers' lives as circumscribed.

Donovan concluded:

To the extent that middle class, daughters of the late nineteenth and early twentieth centuries willingly embraced the ideologies of the sexologists and scientists, to the extent that they identified with the male-supremacist dogma of the era, the "new women" willingly ate the "pomegranate seed."¹⁷⁹

Donovan might very well have been describing what happened to nursing in the first part of the twentieth century. Just as nursing's sisterhood was at its strongest,

it was being bombarded by male dominated theories from every side. (One has only to recall those for which Emma Goldman showed so much enthusiasm when she was in Vienna.)

Nurses soon expressed a desire for professionalization. Regulation by the medical profession (a role as captive queen consort in Hades' realm) was the price nurses were willing to pay for a taste of the pomegranate seed.

There is a second way to interpret the myth. It can be seen as instructive for members of a profession who are desirous of gaining their autonomy. While some men have interpreted The Homeric Hymn to Demeter as a story about an "earthmother," it is far more than that. Jane Harrison has told us that Demeter was the goddess of the fruits of "the civilized, cultured earth." She also informed us that Demeter belonged to a time before goddesses became "abject and amorous."¹⁸⁰

In commenting on the myth, Carolyn Heilbrun reminded us that:

She [Demeter] shared equally with her brothers, Zeus and Hades, and when Hades attempted to "takeover" a younger woman companion (whether or not her daughter), she fought with the power that was hers as an autonomous god. The result was compromise: Persephone (or Kore) spent a third of the year in

the male domain, during which time the earth was barren. For the rest of the year she was the companion of the older woman and the earth flourished. That women have power, and might use it in support of one another and to make fair bargains with the patriarchal world, is an idea few women have imagined, few acted upon. They have let men tell them who they are and what they are entitled to.¹⁸¹

Nurses, too have power--nurturant power--and can use it to make bargains with the public, with physicians, and with the administrators of hospitals, nursing homes, and other agencies. Lillian Wald knew the value of this type of power and she used it wisely. A detailed study of her life and work can serve as an inspiration, as well as a map, for nurses who desire to develop a relationship between themselves and the public. Once nurses have gained their autonomy, they will be free to concentrate on using their knowledge and skills to achieve major creative attainments in the public sphere.

The third and last interpretation of the Demeter-Persephone myth to be considered here is that of Robert May. He stated that if someone was to inquire what happened in the story of Demeter and Persephone, the temptation would be to point out the obvious: 1) Persephone was abducted and returned; and 2) Demeter decided to lay waste to the earth.

However, May felt that to concentrate on these facts would be to distort the story! May perceived that the important act was the grieving. He understood that it would be difficult for most people to think of an emotional state or process as an event. They would prefer to focus on Demeter's tearing of her garment and wandering the earth. Yet, he insisted that the remarkable aspect of this particular myth was the fact that it asserted that feelings mattered as much, if not more than actions.¹⁸² May wrote:

The myth of Demeter shows us caring confirmed and endurance rewarded.... Persephone's fearful descent into the underworld is followed by a joyful ascension. And the earth's period of barrenness is followed by an eruption of fruit and flowers. Attachment and loss are necessarily intertwined. Genuine caring requires a willingness to suffer loss of what we care for.¹⁸³

It is easy to see how May's understanding of the myth fits well with his interpretation of women's fantasies. May believed that women were concerned about relationship and the feelings of others and that it paid them well in the end. The myth and its rituals emphasized a pattern of caring. In order to participate in this rich fabric of life, one had to develop a capacity for "creative endurance in the service of caring."¹⁸⁴

There is support for May's view in the recent work of Carol Gilligan, a cultural feminist. Gilligan conducted several studies that indicated women's moral reasoning was focused on "conflicting responsibilities rather than competing rights." She concluded that the majority of women viewed morality as "concerned with the activity of care." They centered "moral development around the understanding of responsibility and relationships." In contrast, she noted that most men viewed morality as "fairness" and tied moral development to the understanding of "rights and rules."¹⁸⁵

So, what do women (nurses) want--autonomy or relationship? We should recall that according to Reverby, women desire "both autonomy and connectedness."¹⁸⁶ They are no longer willing to sacrifice their pride in their own creative work and their right to conduct it. At the same time, they continue to value connectedness and caring. Just as Demeter did not allow herself only to feel and care but also took action to gain fair treatment, so must nurses be willing to both feel and act. All three interpretations of the myth must be accepted together in order to understand its rich meaning. Nurses, like Demeter, have power and can use it to support one another in making a fair bargain with

the public, the medical profession and others. Once nurses have gained their autonomy they will be able to concentrate on meeting their own objectives rather than those of physicians. Nurses will be free to engage in their own creative work.

Nurses may also wish to reconsider if they are being well served by their contemporary theory of creativity which requires neither the creation of a product of value nor the achievement of a major attainment in order for creativity to be ascribed. Perhaps the classical theory of creativity would be more suitable for a profession composed mostly of women.

Nurses would also profit from joining with other cultural feminists in the formation of a strong sisterhood. Male nurses would not have to be excluded. There is room for them in nursing. Recently, Anthony K. Buck expressed this beautifully when he delivered an address to the San Francisco state baccalaureate nursing students at their pinning ceremony. He stated that he chose a "woman's profession" because:

I discovered that I would much rather be associated with a group of human beings who consciously embrace descriptive words like nurturing, caring, loving, sensitive, and intuitive than with those who look at

these attributes as symbols of weakness. True power and strength comes from our ability to love, not to conquer.... Nursing now more than ever, has the opportunity to bloom into a true profession that can lead the nation on virtually every front. But first, we must address our own illness. We must heal the wounds of sexism within each of us and within the profession.... If the brotherhood of man can include women, then the sisterhood of nursing includes me.... Individuals in nursing must come together in total support and loving acknowledgment of our desire to make a world better for all. We are powerful, we are good. And we are sisters.¹⁸⁷

Summary and Conclusions

Nursing has made a significant impact on Western society in both the private and public spheres. Yet, nurses have hesitated to take pride in their creative work. One reason for this hesitance may be their fear of ridicule. Although nurses have obtained legal recognition they have not obtained the legal right to function as professionals, independent of physicians. This has made a major impact on the way nurses have viewed themselves. It has been difficult for them to believe that members of their profession have actually made a major impact on the society.

It is also significant that as women, nurses have had a history of educational deprivation. Ignorance of their own history, as well as that of women, has served to handicap

nurses. As a result, they often unwittingly colluded in creating and recreating the system which has oppressed them.

Nurses have often claimed that the feminist movement has served them poorly. Although they disparaged their own work, nurses expected that feminists would champion it. When this did not happen, nurses were offended.

Although feminism has many voices, nurses have not always recognized that fact. When they criticized feminism nurses seldom identified the particular feminist tradition to which they were referring. Usually it was liberal-feminism. The historiographer, Susan Reverby, pointed out that nurses probably rejected liberal feminism because they believed that it valued independent rights over altruism and caring.

However, feminism's Second Tradition--cultural feminism--went beyond rationalist, legalistic, liberal theory. It was equally concerned with the intuitive and collective side of life. Rather than emphasizing the similarities between men and women, it recognized their unique differences. Cultural feminists believed that feminine qualities were a source of strength. They

encouraged women to enter the public sphere and achieve major attainments to benefit the larger society.

Cultural feminism as a tradition was initiated by Margaret Fuller in 1845. She and other Second Tradition theorists, including Charlotte Perkins Gilman, Jane Addams and Emma Goldman--herself a nurse--held philosophies very similar to nurses such as Florence Nightingale, Lillian Wald and Margaret Sanger. Each of these nurses achieved major attainments worthy of the classical ascription of creativity.

The classical definition of creativity is congruous with cultural feminist theory. Cultural feminists believe that women should enter the public sphere and give expression to their moral perspective through the achievement of major attainments. Classical creativity theorists require the creation of a product of value or the achievement of a major attainment in order for creativity to be ascribed. It is more than a coincidence that nursing's most creative leaders and practitioners have also been cultural feminists. Cultural feminism would appear to have much to offer to a profession composed mostly of women.

During the nineteenth and early part of the twentieth century there was a vast network of supportive feminist "sisters" in the United States. What these women had in common was the ego strength that resulted from their supportive relationships with other women. This gave them the courage to acquire the knowledge and skills they needed in order to produce creative work in the public sphere.

America's sisterhood was gradually weakened by the social and economic changes which occurred as a result of the West's gradual transition from a matriecentric pre-industrial culture to one that became male dominated. The new capitalist-industrial system was professional and bureaucratic in structure. It changed the nature of middle class women's culture in the United States.¹⁸⁸

In their effort to professionalize nursing, nurses allowed themselves to come under the control of the male dominated medical profession. A patriarchal pall was cast over nursing as its members began to devote their time and energy to the treatment of disease. Their objectives of promoting health and preventing disease took second place. As a result, nurses achieved fewer creative attainments in the public sphere.

It cannot be denied that the present health care system, like the society in which it exists, is patriarchal in structure. The work of physicians has been more highly valued and rewarded than that of nurses. However, as the twenty-first century approaches, society is being overwhelmed with social issues which are contributing to illness, disease, injury and death. Medicine has not developed an effective way of dealing with the everyday health issues and concerns of modern people. Although the media continues to announce new surgical techniques and ever more potent drugs, medicine has not undergone a change in its paradigm since the introduction of the germ theory. Its monocausal framework is inadequate to deal with the present and future health care crisis.¹⁸⁹

A health focused, holistic model concerned with the interaction of patients with their environment would be more suitable for delivering health care and preventing illness. Nursing with its emphasis on prevention of illness and the promotion of health is the logical profession to provide leadership in the coming century. At the present time, nursing's definition of health places it between the health and illness frameworks. The nursing profession needs to

develop a new theory of health.¹⁹⁰ Its members should also reconsider Lillian Wald's view of nursing as a relationship between the nurse and the public. It is a definition which will have relevance in the twenty-first century.

It appears that feminist support is available to nurses who wish to reinvent their profession. However, in order to receive it they will have to remove their rose tinted glasses. Nurses need to acknowledge that they continue to allow their time and energies to be coopted by physicians and administrators--enforcing the mandates of male governance--and that this is what has been detested by feminists.

Nurses who wish to reinvent themselves and their profession need to become familiar with their own history and that of women. In addition they should engage in consciousness raising--learning to "tell the truth" about their experiences as nurses to each other and in groups. At the same time they need to cease impersonating nurses as they have been defined by others.¹⁹¹

Nurses must seek their autonomy as professionals. As they take the steps necessary to gain their independence they will need a new myth to inspire them. A suitable one

for their purposes would be that of Demeter and Persephone. It can serve as an allegory of the decline of the strong middle class women's culture that existed in the United States during the nineteenth and early part of the twentieth century.

In the story, Demeter's use of her power to make a fair bargain with Zeus also provides an example for nurses. Like the mythical Demeter, nurses, too, have creative and nurturant power. They need to use it in support of one another and to make fair bargains with physicians and other members of the patriarchal world. And finally, the fact that Demeter's feelings mattered as much as her actions makes this myth particularly well suited to inspire nurses. It emphasizes that the capacity for creative endurance in the service of caring is a quality of value.

Nurses' ability to care has benefited their patients and the larger society. Nurses must not forget to care for themselves. In the process of gaining their professional autonomy they should take the time to develop a true sisterhood among themselves. They may also wish to join with cultural feminists to form a larger supportive network in society. Some of the most creative cultural feminists have been nurses.

Nurses place a high value on creativity--even claiming that it is the cornerstone of the profession. Nurses must begin to acknowledge their pleasure and pride in their own creative abilities. This may require that they trade their contemporary theory of creativity for the classical one. To continue to subscribe to a view of creativity that ignores major attainments and creative achievements when nursing has so many to its credit would be an unnecessary act of abnegation. For it is by acknowledging women's differences from men and placing a high value on these differences that nurses will make the greatest impact in the public sphere.

As they experience success in their creative endeavors, nurses can expect that from time to time they will continue to be accused of "quackery" and even "witchcraft."¹⁹² However, like the mythical Demeter, nurses are capable of using their strength to support one another and make fair bargains with the patriarchal society in which they practice. Members of the profession must remind one another that "We are nurses, we are powerful, we are good. And we are sisters."¹⁹³

Notes

¹Lerner, The Creation of Feminist Consciousness.

²Ibid., 5; The subtle way in which women collude in generationally recreating the system which oppresses them is exemplified by the behavior of-former First Ladies Barbara Bush and Nancy Reagan. When each was in the White House, she stood silently beside her husband who condemned abortion. Recently, in separate venues, both have announced that on the issue of abortion, they have always felt that women had a right to choose. Eleanor Smeal, president of the Feminist Majority Foundation (FMF) commented, "When it counted, they never spoke up." As role models, they suggested to young women that wives should be seen but not heard. See Eleanor Smeal quoted in "Nancy Reagan Also Backs Right to Abortion; Stance Pleases Few," The San Diego Union-Tribune, 22 September, 1994, A-6; Also, see Barbara Bush, A Memoir (New York: Charles Scribners Sons, 1994), 152.

³Joan E. Mulligan, "Nursing and Feminism: Caring and Curing," in The Knowledge Explosion: Generation of Feminist Scholarship, eds., Cheris Kramarae and Dale Spender (New York: Teachers College Press, Columbia University, 1992): 172-180.

⁴Fromm-Reichmann and Gunst, "Denial of Woman's Sexual Pleasure," 77.

⁵Daniels, Always a Sister.

⁶Ashley, Hospitals, Paternalism and the Role of the Nurse.

⁷Lavinia Dock cited in R.L. Duffus, Lillian Wald: Neighbor and Crusader (New York: MacMillan, 1938): 63.

⁸Kalisch and Kalisch, The Advance of American Nursing.

⁹Mulligan, "Nursing and Feminism."

¹⁰See Vance, Talbott, McBride and Mason, "An Uneasy Alliance."

¹¹See Kalisch and Kalisch, The Changing Image of the Nurse.

¹² Nightingale is widely known as the founder of modern nursing. It has sometimes been suggested that Sanger chose not to identify herself as a nurse. Her autobiography indicates otherwise. See Chapter VI, note 134 above.

¹³See Vance, Talbott, McBride, and Mason, "An Uneasy Alliance."

¹⁴Ashley, Hospitals, Paternalism and the Role of the Nurse.

¹⁵Ellen D. Baer, "The Feminist Disdain for Nursing," New York Times, 23 February 1991, 25A.

¹⁶Ibid., 25A. The essay was reprinted later that same week with a new title. See Ellen D. Baer, "Even Her Feminist Friends See Her 'Only' a Nurse," International Herald Tribune 27 February 1991.

¹⁷Ibid.; It is not unusual for physicians to support nurses who are working to further the goals of medicine.

¹⁸It would be a favor to nursing, as well as to many prospective students, if those who really desire to practice medicine or some other profession were directed away from nursing. Nursing needs practitioners who are dedicated to meeting the profession's objective of promoting health. Young women and men who want to treat disease would be much better served if they were directed into medicine.

¹⁹An anonymous nurse quoted in Susan M. Reverby, "Even Her Nursing Friends See Her as Only a Feminist and Other Tales of the Nursing-Feminism Connection," Nursing and Health Care 11,no. 6 (June 1993): 296-300.

²⁰Ibid.

²¹See Thelma M. Schorr, "The Term is 'Health Care,'" Nursing and Health Care 14,no. 6 (June 1993): 194-295.

²²See Donovan, Feminist Theory.

²³Ibid.

²⁴Susan M. Reverby, Ordered to Care: The Dilemma of American Nursing, 1850-1945 (Cambridge: Cambridge University Press, 1987).

²⁵Donovan, Feminist Theory.

²⁶Men have long been concerned with their rights and also have devalued caring. Women, on the other hand, have been more altruistic. Yet, women's failure to focus on their rights long enough to gain autonomy has prevented them from having an influence equal to that of men in the public sphere.

²⁶Reverby, Ordered to Care.

²⁷Ibid.

²⁸Ibid. 207.

²⁹Ibid.

³⁰The term cultural feminism was used for the first time by Brooke in her article, "The Retreat to Cultural Feminism," in Redstockings, Feminist Revolution (New Paltz, New York, 1975), 65-68. She applied it only to the second wave of Second Tradition in the United States and gave it a negative connotation. Donovan's use of the word was positive. She applied the term cultural feminism to both first and second wave feminism of the Second Tradition in America. See Donovan, Feminist Theory.

³¹Ibid.

³²Ibid., 31.

³³Ibid.

³⁴See Donovan, Feminist Theory. Also, see Robert Briffault, The Mothers [First published in 1927] Abridged by Gordon Rottray Taylor. (New York: Atheneum, 1977). Recently, archaeologists have demonstrated that women were the innovators of culture. See James Mellaart, Catal Hüyük: A Neolithic Town in Anatolia (New York: McGraw-Hill, 1967); Marija Gimbutas, The Goddesses and Gods of Old Europe: Myths and Cult Images. (Berkeley: University of California Press, 1982).

³⁵Donovan, Feminist Theory.

³⁶Ibid., 32.

³⁷Ibid.

³⁸For an understanding of Social Darwinism see Herbert Spencer, Principles of Sociology, as cited in Carlton J. Hayes, A Generation of Materialism, 1871-1900 [First published in 1941] (New York: Harper, 1963).

³⁹See Fuller, Margaret, Women in the Nineteenth Century.

⁴⁰Transcendentalism is the philosophy that holds that there are modes of being beyond the reach of mundane experience. Kant was a transcendentalist who felt that time, space and categories of judgment were transcendent--above the evidence of the senses. Margaret Fuller was a high-minded, idealistic member of the New England group in the nineteenth century. The members stressed individualism, self reliance and social reform. They published a journal, Dial (1840-1844). Brook Farm also stemmed from transcendentalism. See The Columbia-Viking Desk Encyclopedia, s.v. "transcendentalism."

⁴¹Romanticism is "a movement in the arts variously defined as a return to nature, exaltation of emotion and the senses over the intellect, and revolt against eighteenth century rationalism." See The Columbia Viking Desk Encyclopedia, s.v. "romanticism."

⁴²Donovan, Feminist Theory, 32.

⁴³Ibid.; Also, see Ann Douglas, The Feminization of American Culture. (New York: Avon Books, 1977).

⁴⁴Madelon Bedell, The Alcotts: Biography of a Family. (New York: Clarkson N. Potter, 1980),

⁴⁵Donovan, Feminist Theory; Douglas, The Feminization of American Culture.

⁴⁶Donovan, Feminist Theory.

⁴⁷This story of the Indian woman is retold by Donovan in Feminist Theory. The welfare of Native Americans was one of Fuller's concerns.

⁴⁸Ibid.

⁴⁹Ibid.

⁵⁰Fuller, Women in the Nineteenth Century, 63. Also quoted in Donovan, Feminist Theory, 34.

⁵¹Fuller, Women in the Nineteenth Century, 103.

⁵²Donovan, Feminist Theory.

⁵³Ibid.

⁵⁴Ibid.; During her lifetime, Margaret Fuller was the only American woman known by her first name alone. "In an age when female writers were politely referred to as "Mrs. Sigourney," "Mrs. Stowe," and "Miss Warner," Fuller was called "Margaret" by friends and acquaintances. By implication, there could be many "Fannys" or "Harriets," or "Catharines"; there was only one "Margaret." See Douglas, The Feminization of American Culture, 316.

⁵⁵Donovan, Feminist Theory; For an interesting account of the life of Charles Darwin, see Pickering, Creative Malady.

⁵⁶Spencer, Principles of Sociology.

⁵⁷Charolotte Perkins Gilman, Women and Economics [First published in 1898] (New York: Harper, 1966).

⁵⁸Ibid., 75.

⁵⁹Ibid.

⁶⁰Ibid.

⁶¹See, Charlotte Perkins Gilman, The Man-Made World, or Our Androcentric Culture [First published in 1911] (New York: Johnson, 1971).

⁶²Charlotte Perkins Gilman, His Religion and Hers [First published in 1923] (Westport, CT: Hyperion, 1976).

⁶³Ibid.

⁶⁴See May, Sex and Fantasy.

⁶⁵Crystal Eastman cited in Donovan, Feminist Theory, 195, n. 47; For a further account of Eastman's ideas see Crystal Eastman on Women and Revolution, ed. Blanche Wiesen Cook (New York: Oxford, 1978).

⁶⁶See Donovan, Feminist Theory. For an account of Jane Addams's life, see her autobiography, Jane Addams, Twenty Years at Hull House [First published in 1910] (New York: New American Library, 1981); Also, James Weber Linn, Jane Addams: A Biography (New York: D. Appleton-Century Company, 1935).

⁶⁷See Donovan, Feminist Theory; Also, Aileen S. Kraditor, The Ideas of the Woman's Movement, 1890-1920 (Garden City, New York: Anchor, 1971).

⁶⁸See Douglas, The Feminization of American Culture. Also, Emma Goldman, Living My Life [First published in 1981] (New York: New American Library, 1977). Also, Donovan, Feminist Theory.

⁶⁹It was previously stated that many male theorists, including those writing on the concepts of creativity and leadership were more concerned with ideas than with bringing them to fruition.

⁷⁰See Donovan, Feminist Theory.

⁷¹Ibid.

⁷²See Forster, Significant Sisters; Smith, "Florence Nightingale."

⁷³Gilman fictionalized her experience in a short story, "The Yellow Wallpaper," published in 1892.

⁷⁴Gilman, Women and Economics.

⁷⁵Longford, Eminent Victorian Women, 88.

⁷⁶Nightingale cited in Longford, Eminent Victorian Women, 88-89.

⁷⁷Ibid.

⁷⁸Forster, Significant Sisters, 99.

⁷⁹See Charlotte Perkins Gilman, The Home [First published in 1903] (Urbana: University of Illinois Press, 1972).

⁸⁰Florence Nightingale, c. 1855, cited in Karen Payne, Between Ourselves: Letters Between Mothers and Daughters (Boston: Houghton Mifflin, 1983), 103.

⁸¹Gilman, The Home.

⁸²Longford, Eminent Victorian Women.

⁸³See Judith Plaskow and Carol P. Christ, Weaving the Visions: Patterns in Feminist Spirituality (New York: Harper and Row, 1989), 173.

⁸⁴Carol Gilligan, In a Different Voice: Psychological Theory and Women's Development (Cambridge: Harvard University Press, 1982).

⁸⁵Rita W. Morgenthau, Radio Speech 15 October 1953. This story was told by Mrs. Paul (Nina) Warburg about her mother, Mrs. Solomon Loeb, and retold by Morgenthau, Director of the Neighborhood Playhouse. Biographical Material, Letters by

Lillian Wald, 1893-1917, Reel 1, Box 1. Wald MSS, NYPL; Duffus, Lillian Wald, 35-36; Daniels, Always a Sister, 35.

⁸⁶Barbara A. Backer, "Lillian Wald: Connecting Caring with Activism," Nursing and Health Care 14, no.3 (March 1993): 122-123.

⁸⁷Ibid.

⁸⁸Ibid.

⁸⁹Lillian Wald cited in Backer, "Lillian Wald."

⁹⁰Kalisch and Kalisch, The Advance of American Nursing.

⁹¹Barbara C. Schutt, "A Prophet Honored," [Editorial] American Journal of Nursing, 71, no. 1 (January 1971): 53.

⁹²Ibid.

⁹³Ibid.

⁹⁴See Kalisch and Kalisch, The Advance of American Nursing; Also, American Nurses' Association, Nursing Hall of Fame.

⁹⁵See Bell Gale Chevigny, The Woman and the Myth: Margaret Fuller's Life and Writings (Old Westbury, New York: Feminist Press, 1976); Douglas, "Disavowal of Fiction," Chapt. in The Feminization of American Culture, 313-348; Marian J. Morton, Emma Goldman and the American Left "Nowhere at Home" (New York: Twayne Publishers, 1992).

⁹⁶Donovan, Feminist Theory.

⁹⁷Ibid.; Emma Goldman, My Disillusionment in Russia (New York: Doubleday, Page and Company, 1923).

⁹⁸See Goldman, Living My Life.

⁹⁹Donovan, Feminist Theory.

¹⁰⁰Ibid.; Goldman, Living My Life.

¹⁰¹Emma Goldman cited in Morton, Emma Goldman and the American Left, 76.

¹⁰²See Goldman, Living My Life.

¹⁰³Goldman, Living My Life; Morton, Emma Goldman and the American Left.

¹⁰⁴Ibid.

¹⁰⁵Goldman, Living My Life.

¹⁰⁶Morton, Emma Goldman and the American Left.

¹⁰⁷Goldman, Living My Life.

¹⁰⁸Ibid., 174.

¹⁰⁹Ibid., 326.

¹¹⁰The fact that nurses, themselves, so often comment that Emma Goldman and Margaret Sanger had to leave nursing to accomplish social reform illustrates how narrowly they define nursing.

¹¹¹Goldman, Living My Life; Morton, Emma Goldman and the American Left.

¹¹²It was Margaret Sanger's good fortune to make the acquaintance of Emma Goldman in the bohemian haunts of Greenwich Village. In forming her feminist ideology and the rhetoric that she would later claim as her own, Margaret borrowed from Emma. Goldman was the first of the two women to link a concern for economic and social justice with personal freedom. See Chesler, Woman of Valor.

¹¹³See Goldman, Living My Life; Chesler, Woman of Valor.

¹¹⁴Sanger, Autobiography; Chesler, Woman of Valor.

¹¹⁵Although Lavinia Dock is usually described as a liberal feminist, she also held many beliefs in common with

Lillian Wald, a cultural feminist. This is not unusual. Elizabeth Cady Stanton and Susan B. Anthony held fundamental theoretical positions based in the natural rights tradition. Even so, they also ascribed to some of the most radical of the cultural feminist positions. See Donovan, Feminist Theory.

¹¹⁶Ibid.; Daniels, Always a Sister; Chesler, Woman of Valor.

¹¹⁷Donovan, Feminist Theory.

¹¹⁸Ibid.

¹¹⁹Ibid. Also, Donovan, Josephine, After the Fall: The Demeter-Persephone Myth in Wharton, Cather and Glasgow (University Park: Pennsylvania State University Press, 1989) 2.

¹²⁰Jean Watson, "The Moral Failure of the Patriarchy," Nursing Outlook 38, no. 2 (March/April (1990): 62-66.

¹²¹Ibid., These include infant mortality, adolescent pregnancies, homelessness, chronic mental illness and the recent epidemics of AIDS, tuberculosis and hepatitis. In addition, the system has been overwhelmed with the social issues of substance abuse, racism, gang warfare, abortion, elder abuse, suicide and the evidence of misogyny--genital mutilation, incest, rape and the battered woman syndrome. In the future, it is also possible that the health care system will be dealing with increased numbers of natural and manmade disasters, a polluted environment, drug resistant microbes, immigration issues, a population crisis, anarchy and the possibility that a substantial number of people may one day live outside the Earth's atmosphere.

¹²²Charlene Spretnak, States of Grace: The Recovery of Meaning in the Postmodern Age (San Francisco: Harper, 1991).

¹²³Peggy Reeves Sanday, Female Power and Male Dominance: On the Origins of Sexual Inequality (Cambridge: University Press, 1981).

¹²⁴Ibid., 35.

¹²⁵Jeanne Achterberg, Woman as Healer (Boston: Shambhala, 1990).

¹²⁶See Sprenak, States of Grace; The association of blood with power, as well as honor and sanctity, was symbolized in the color red. It is for this reason that brides in China and India still wear the traditional red bridal garment. It is interesting that Western brides wear white to symbolize virginity. In the West, red became the color of witches.

¹²⁷Ibid.

¹²⁸Removal of the foreskin or prepuce is ostensibly done for purposes of hygiene. There is much debate over the value of circumcision.

¹²⁹Victor Robinson, White Caps: The Story of Modern Nursing (Philadelphia: J. B. Lippincott Company, 1946): 339.

¹³⁰Sprenak, States of Grace; In the decades between the thirties and seventies, "modern" bottle feeding replaced breastfeeding in American hospitals. The many infants who received formulas were deprived of the antibodies of immunity which they would have received from their mothers' milk. In addition, some infants developed serious allergies to cow's milk.

¹³¹According to the French feminist Julia Kristeva, women who recognize that the rhythmic cycles of menstruation and pregnancy connect them to the cosmos often realize jouissance --joy, ecstasy and serenity. In the West, too few women have acknowledged this. See Julia Kristeva, "Stabat Mater," in The Female Body in Western Culture, ed. Susan Rubin Suileman Cambridge, MA: Harvard university Press, 1986); Fromm-Reichmann and Gunst believed that women receive both spiritual satisfaction and sexual gratification from pregnancy, delivery, and breastfeeding. They suggested that unless women dissociated these facts from their awareness, they received satisfaction from each impregnation for well over a year's time. Fromm-Reichmann and Gunst felt that this extended period of sexual satisfaction might explain the difference between men's and women's interest in the frequency of the sex act. This possibility needs further research. If Fromm-Reichmann and Gunst were correct, women

who followed their physicians' advice to bottle feed their infants were actually depriving themselves of sexual gratification. See Fromm-Reichmann and Gunst, "On the Denial of Women's Sexual Pleasure," 80.

¹³²Spretnak, States of Grace.

¹³³Ibid; Also see Lerner, The Creation of Feminist Consciousness.

¹³⁴Spretnak, States of Grace, 119.

¹³⁵The hazards of this are beginning to be recognized. Many illnesses of the latter part of the twentieth century have not responded to mere surgery and antibiotics. See Sharon Begley, "The End of Antibiotics," Newsweek, 28 March 1994, 47-50.

¹³⁶Spretnak, States of Grace.

¹³⁷According to R.R. Welsh, Harriet K. Hunt was the first woman doctor in America, although she practiced as an "irregular" without a degree. Hunt applied on two occasions for admission to Harvard Medical School, but even with a recommendation from Oliver W. Holmes, she was turned down. The faculty explained that no woman of "true delicacy" would be willing to attend medical lectures with men and thereby, "unsex" herself. Welsh concluded that "The Medical establishment made a conscious effort to minimize the number of women physicians. It succeeded because despite gains in the nineteenth century women physicians were never able to exert any real power in medical institutions... those women who were able to squeeze through the barriers to medical school fell victim to the "old boy" network of professional patronage that shunted women into the less prestigious internships and hospital appointments." R.R. Welsh, Doctors Wanted: No Women Need Apply (New Haven: Yale University Press, 1977), xviii. In refusing medical education to women and by keeping nurses untrained and uneducated, physicians retained the lucrative jobs for themselves. In 1873, an Edinburgh ditty was reprinted in the Boston Medical Surgical Journal. It exposed the physicians' main fear: "An' when the leddies git degrees/ Depen' upon't there's noch'll please/ Till they hae got oor chairs and' fees/ An' there's an en'o

you an'me." Quoted by Karen K. Fritz, in "Women in Medicine and Related Fields," May, 1980, Unpublished Manuscript, University of Minnesota, Minneapolis, MN. Money translates into power. Men have always realized that women without a means of support would be likely to marry or engage in long-term relationships with men. By controlling access to money and goods, men also guaranteed themselves sexual access to women.

¹³⁸It is interesting to note that war not only originally served to provide men with captive wives, but war has also been the means by which medicine advanced. Historically, war provided physicians with the opportunity to keep women out of the medical profession.

¹³⁹See The Columbia-Viking Desk Encyclopedia, s.v. "guilds or gilds." Victor Robinson, commenting on the nurse, stated, "She was not an artisan who could obtain the help of an hereditary guild; there was no Hanseatic League for nurses." Quoted in Donahue, Nursing: The Finest Art, 1.

¹⁴⁰*Ibid.*, 143.

¹⁴¹See Lovell, "The Politics of Medical Deception." Also, Janet D. Allan and Beverly A. Hall, "Changing the Focus on Technology: A Critique of the Medical Model in a Changing Health Care System," Advances in Nursing Science 10, no. 3 (April 1988).

¹⁴²*Ibid.*, Also, see Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, 1982).

¹⁴³Allan and Hall, "Changing the Focus on Technology."

¹⁴⁴*Ibid.*

¹⁴⁵*Ibid.*

¹⁴⁶Nurses need to forsake their disease orientation and refocus on health. They must be concerned with more than the health of the individual patient, however, they must move into the socio-economic-political-cultural and global arenas. Our role models must be Nightingale, Wald, Sanger, and Kenny.

¹⁴⁷See Allan and Hall, "Changing the Focus on Technology."

¹⁴⁸American Nurses' Association, "Nursing: A Social Policy Statement," Kansas City, MO: American Nurses' Association, 1980.

¹⁴⁹Beverly A. Hall and Janet D. Allan, "The ANA Social Policy Statement: Implications for Research, Theory Development and Practice." Journal of Nursing Health Care 7, no. 6 (1986): 315-320.

¹⁵⁰Allan and Hall, "Changing the Focus on Technology."

¹⁵¹Ibid.

¹⁵²Lerner, The Creation of Feminist Consciousness.

¹⁵³Zilsel, "The Sociological Roots of Science."

¹⁵⁴Merle E. Curti, "Changing Concepts of Leadership in the Past Forty Years," Nursing Education Bulletin, Special Issue (February 1940).

¹⁵⁵ For example, writing about her mother's last illness which, required nursing home care, Gloria Steinem penned, "My mother not only got the twenty-four-hour help her weakening body demanded, but the attention of affectionate nurses besides. She charmed them, they loved her.... If I ever had any doubt about the debt we owe nurses those last months laid them to rest. Gloria Steinem, "Ruth's Song (Because She Could Not Sing It)," Chapt. in Outrageous Acts and Everyday Rebellions (New York: Holt, Rinehart and Winston, 1983), 142.

¹⁵⁶See Heilbrun, Writing a Woman's Life, 76.

¹⁵⁷See Charles Perrault, "Little Red Riding Hood," chapt. in Zipes, The Trials and Tribulations of Little Red Riding Hood, 70-75.

¹⁵⁸Mary Daly, Gyn/Ecology: The Metaethics of Radical Feminism (Boston: Beacon Press, 1987), 30.

¹⁵⁹Kate Rounds, "Waging a One Woman Revolution," Ms. 3, no. 4 (January/February 1993): 38.

¹⁶⁰*Ibid.*; During her interview, Gasparis pointed out that primary nursing eliminated aides and practical nurses, leaving the professional nurses to do all of the work by themselves. She said that they rarely had time to help each other because they were each busy with their own twelve to sixteen patients. Gasparis also believed that shared governance was a bogus concept. She claimed that hospital administrators gave nurses unrealistic budgets, leaving them to fight among themselves over work hours and overtime. She concluded by suggesting that the career ladder concept required nurses to work for merit raises and pitted one nurse against the other. Gasparis did not feel that team work was possible under these conditions.

¹⁶¹Blanche Wiesen Cook, "Books: The Womanly Art of Biography, Reviews of Lillian D. Wald: Progressive Activist by Clare Coss and Lillian D. Wald by Doris Daniels," Ms. 1, no. 4 (January/February 1991): 61.

¹⁶²Donovan, Feminist Theory.

¹⁶³See Teresa de Lauretis, Alice Doesn't: Feminism, Semiotics, Cinema (Bloomington: Indiana University Press, 1984).

¹⁶⁴Heilbrun, Writing a Woman's Life.

¹⁶⁵*Ibid.*

¹⁶⁶*Ibid.*

¹⁶⁷"[Marilyn Monroe] was a female impersonator; we are all trained to be female impersonators." Gloria Steinem quoted in Heilbrun, Writing a Woman's Life, 109; To better understand how women become "female impersonators." See Carolyn G. Heilbrun, "History and Literature," chap. in Reinventing Womanhood (New York: W.W. Norton and Company 1979), 125-170.

¹⁶⁸*Ibid.*

¹⁶⁹Ibid.

¹⁷⁰Ibid.

¹⁷¹Ibid.

¹⁷²Hegel quoted in Heilbrun., "History and Literature," 134.

¹⁷³This myth is suitable because, "Demeter is the maternal archetype who, in modern women, represents the maternal instinct through pregnancy or by providing physical, and psychological, or spiritual nourishment to others. The maternal side of her nature predisposes her to enter the nurturing or traditionally feminine professions, such as teaching, counseling, or nursing." See Kathleen Heinrich, "The Greek Goddesses Speak to Nurses," Nurse Educator 15, no. 5 (September/October 1990): 21.

¹⁷⁴May, Sex and Fantasy.

¹⁷⁵Ibid.

¹⁷⁶This account of the Demeter-Persephone myth is based on a composite of the following versions: The unattributed quotes are from Hesiod, The Homeric Hymns and Homeric, ed. and trans. H.G. Evelyn-White (Cambridge: Harvard University Press, 1964), 289-325; Also, see Sir James George Frazer, The Golden Bough. A Study in Magic and Religion (New York: Collier Books, 1963). The myth is also recounted in May, Sex and Fantasy and in Mascetti, The Song of Eve.

¹⁷⁷Donovan, Josephine, After the Fall: The Demeter Persephone Myth in Wharton, Cather, and Glasgow (University Park: Pennsylvania State University Press, 1989), 2.

¹⁷⁸Caroll Smith-Rosenberg, Disorderly Conduct: Visions of Gender in Victorian America (New York: Knop , 1985), 32.

¹⁷⁹Donovan, After the Fall, 4.

¹⁸⁰Jane Harrison, Themis (Cleveland: Meridian, 1962.)

¹⁸¹Heilbrun, "History and Literature," 160.

¹⁸²May, Sex and Fantasy.

¹⁸³Ibid., 13.

¹⁸⁴Ibid., 13.

¹⁸⁵Gilligan, In a Different Voice, 19.

¹⁸⁶Reverby, Ordered to Care.

¹⁸⁷Anthony K. Buck, "The Sisterhood of Nursing Includes Men as Well as Women," Nurseweek [California edition] 7, no. 22 (November 1994): 7.

¹⁸⁸Donovan, After the Fall, 2.

¹⁸⁹See Lovell, "The Politics of Medical Deception." Also Allan and Hall, "Changing the Focus on Technology." Actually, even in the past, medicine has not accomplished as much as is often believed. In truth, the giant gains in mortality are due to improved sanitation and better nutrition. There is even some research indicating that the entire increase in longevity statistics can be traced to an improved diet. Vandenbroucke has done a 500 year study of the pattern of mortality of men living in Europe. He noted that the length of their lifespan began to climb long before improvements were made in hygiene or medicine. If he is correct, then it is the farmer--not the physician--who is the most responsible for the improved quantity and quality of our lives. See J. P. Vandenbroucke, "Why Do We Live Longer?" University of California, Berkley Well Letter 2, no. 7 (1986): 4.

¹⁹⁰Hall and Allan, "The ANA Social Policy Statement."

¹⁹¹Heilbrun, "History and Literature."

¹⁹²As federal funding gets tighter, it can be expected that medical researchers and other scientists will covet the research money awarded to nurses [women]. It should be recalled that in the past, physicians have not hesitated to discredit women healers and care givers in order to protect their own professional turf [financial interests]. In so doing they have often branded women as ignorant and

superstitious. Many female midwives and herbalists were accused and convicted of witchcraft. Even so, in the last decade of the twentieth century, nurses assumed that they could rest assured that accusations of "dabbling in the occult" were far behind them. Actually, they were only about one paragraph behind as demonstrated by a recent article in Time. On 21 November 1994 the magazine published an article, "A No-Touch Therapy." The journalist revealed that over the past decade, the NIH had awarded at least \$150,000 in grants for research on a nursing treatment referred to as "therapeutic touch" (TT). The male journalist observed, "The steps for administering TT to a patient seem akin to witchcraft." See Leon Jaroff, "A No-Touch Therapy," Time 21 November 1994, 88-89. To the credit of the nursing profession, one of its members, Dettie Dominguez made an eloquent response. See "Dettie Dominguez, Editorial, Time, 12 December 1994, 17-18,

¹⁹³Buck, "The Sisterhood of Nursing Includes Men As Well As Women," 7.

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Distributor. RKO Director: Dudley Nichols.

Screenplay: Dudley Nichols, Alexander Knox, Mary McCarthy. Adapted from the autobiography by Elizabeth Kenny in collaboration with Martha Ostenso, And They Shall Walk. New York: Dodd, Mead, 1943.